

# USAID HIV/AIDS Combination Prevention Program for MARPs in Central America and Mexico

Annual Narrative Report  
October 1, 2011 – September 30, 2012

under  
Cooperative Agreement No. AID-596-A-10-00001

Prepared by:



for



**USAID**  
FROM THE AMERICAN PEOPLE

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## LIST OF ACRONYMS

AIDS:	Acquired Immune Deficiency Syndrome
BCC:	Behavior change communication
CAI:	Cicatelli Associates Inc.
C/FBO:	Community/faith-based organization
CAM:	Central America & Mexico
CCM:	Country Coordinating Mechanism
CEM:	Coarsened Exact Matching
DDM:	Dashboard to Decision Making
FSW:	Female sex workers
HIV:	Human Immunodeficiency Virus
HRZ:	High-risk Zones
IPC:	Interpersonal communication
IPPF/WHR:	International Planned Parenthood Federation/Western Hemisphere Region
MARPs:	Most at-risk populations
MnC:	Milk N' Cookies
MSM:	Men who have sex with men
MoH:	Ministry of Health
NAP:	National AIDS Program
PASMO:	Pan-American Social Marketing Organization
PLHA:	People living with HIV/AIDS
PSI:	Population Services International
RCM:	Regional Coordinating Mechanism
REDCA:	Central American Network of Persons with HIV
SMS:	Short messaging system
STI:	Sexually Transmitted Infections
TRaC:	Tracking Results Continuously quantitative survey
UIC:	Unique identifier code
UNDP:	United Nations Development Program
UNFPA:	United Nations Population Fund
USAID:	The United States Agency for International Development
VCT:	Voluntary counseling and testing

## Executive Summary

This narrative report summarizes key objectives and quarterly results of the USAID Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs during the period from October 1, 2011 – September 30, 2012 (FY2012). Under this program, PSI works to increase access to HIV prevention interventions by most-at-risk populations in Central America and Mexico working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc. (CAI), and Milk n' Cookies (MnC), and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners. This Annual Report does not reflect activities conducted in Mexico; the Mexico report is submitted separately.

During FY2012, the Program:

### Component 1 – Behavior Change Communication (BCC)

- **Continued to implement combination prevention activities through HIV/STI tactical prevention teams** by carrying out a consolidated “sweeping the zone” strategy by country and target population, updating and using high-risk zone profiles, and engaging new private sector partners.
- **Expanded the number of partners** working in the behavioral, biomedical and complimentary components of the minimum package in all Program countries.
- **Conducted a cumulative number of 19,458 combination prevention activities through 181,522 contacts, reaching 55,993 individuals (104% of the annual target for individuals).**
- **3,388 MARPs** completed at least one combination prevention cycle in accordance with the Program’s minimum package
- **Participated actively in World AIDS Day 2011 activities** in all Program countries.
- **Designed, validated, produced and began to implement one new picture code methodology for transgendered populations.** The Program also designed and validated a picture code methodology and a multiple session discussion methodology for female sex workers. The Program also began the review process of a multiple session discussion methodology for transgendered populations, began the design process for a methodology for persons living with HIV.
- **Completed and produced one new print material** for MSM (on condom use) and developed new print materials for transgendered populations (on harmonization) and for people living with HIV (on sexuality and on adherence).
- **Launched the English language version of the ¿Y Ahora Qué? website (And What Now?), and launched and implemented three online support groups** for people living with HIV, discordant couples, and family/friends of people living with HIV within the ¿Y Ahora Qué? website, and continued to train the facilitators of the groups.
- **Implemented the communications and promotion strategy for the ¿Y Ahora Qué? website, including the development of new print material** to promote the site among target groups and another material for doctors and clinics, and initiatives such as “tardes cibernéticas”.



- **Developed guidelines to orient the activities of cyber-educators** and conducted continuous training.
- **Reached a cumulative number of 2,472 MSM through online combination prevention outreach through cyber-educators** working in chat-rooms and other social media channels.
- **Completed the roll-out of the unique identifier code and voucher referral system in the region** as part of efforts to strengthen and systematize quality control for BCC/VCT activities. The Program also continued to conduct ongoing quality control activities, trainings, and supervision.
- **Completed the adaptation of the Program's MIS to include the UIC and VCT modules.**
- **Expanded the generic condom category campaign known as ¿Tienes? Pídelo to include new POP materials.**
- **Designed, validated, produced and aired a new phase of the masculinities and women's perspective campaign** and updated masculinities print materials including the test.
- **Completed the design and development of a new regional communications initiative to reduce stigma and discrimination towards MARPs and PLHA** ("social movement"). Local, multi-sector working groups were created in each Program country to lead the process.
- **Continued to implement its social media strategy for websites** by implementing a **three-level calendar for updates to the ¿Y Ahora Qué? website** using key dates and events, aligned with updates to the social networking sites. A similar calendar was developed and implemented for the MiZonaH.com website aligned to the new campaign. The Program also completed the bidding process for selecting a mobile phone and short messaging system (SMS) services aggregator.

**Table 1: Summary of Regional BCC Outputs FY2012**

ACTIVITY	Guatemala	El Salvador	Nicaragua	Costa Rica	Panama	Belize	Total	Annual Target	Achieved	% Time Elapsed
ComPrevention Interventions	4,637	5,090	3,963	1,943	3,580	245	19,458	15,090	129%	100%
ComPrevention Contacts	41,620	52,628	36,313	13,724	34,901	2,336	181,522	128,225	142%	100%
ComPrevention Individuals reached	15,012	15,804	11,451	3,848	8,368	1,510	55,993	53,894	104%	100%
<b>TOTAL VCT</b>	5,531	5,142	3,324	580	3,112	916	18,605	22,500	83%	100%

## **Component 2 – Structural Approaches**

- **Developed and validated two modules of the regional training manual** for services providers on stigma and discrimination.
- **Conducted ongoing quality assurance visits** of service delivery points of IPPF/WHR Member Associations to ensure the provision of MARP-friendly services.

- **Trained 749 health care providers, including counselors, and community workers in outreach with MARPs and testing and counseling at IPPF Member Associations, private sector laboratories, and NGOs** in the provision of MARP-friendly services free of stigma and discrimination.
- **Implemented efforts to establish a high-level stigma and discrimination oversight entity through the Regional Coordinating Mechanism (RCM).**
- **Implemented the Regional Strategy to reach Journalists** in hand with a regional Public Relations Agency and carried out sensitization workshops for journalists in Guatemala, El Salvador, Nicaragua, and Panama.

### **Component 3 – Expanding Access and Use of Prevention Services**

- **Developed and implemented an expanded regional sales and distribution strategy for high-risk zones under the ¿Tienes? Pidelo Program in order to improve condom and lubricant distribution in high-risk zones;** new non-traditional outlets were also opened in this fiscal year.
- **Worked with UNFPA and other key partners to advance the National Condom Strategy process** in the region.
- **Engaged private sector clinics, laboratories, and associations** as part of efforts to improve access to MARP-friendly services where testing and counseling services are provided stigma-free.
- **Strengthened its referral system** for MARPs using the voucher system and expanding the use of the UIC system with IPPF/MAs and other partners in each Program country.
- **Conducted mobile VCT in all Program countries,** except Costa Rica. Additionally, the Program was highly participative in National Testing Days in El Salvador and Belize.
- **Purchased rapid tests for the region,** based on current stocks and inventory.

### **Cross-Cutting Component 4 – Strategic Information**

- **Completed the special study on masculinities and women's perspectives in all Program countries** and validated the mass media campaign.
- **Conducted and completed impact study to evaluate the effectiveness of the PASMO BCC methodology for MSM** entitled "Viviendo la Vida".
- **Conducted and completed a Best Practices Review of the "sweeping the zone" activities.**
- **Postponed the new round of MAP2012** to measure the availability and access to condoms and lubricants; the study will be conducted in FY2013.
- **Completed the study design and bidding process for the new round of TRaC surveys with FSW and MSM, as well as two regional TRaCs** (one with people living with HIV, and another with men at-risk). The Program also completed IRB review process in all Program countries, except Costa Rica, and initiated fieldwork by the end of Q4.
- **Completed the study design and bidding process for the Mystery Client Surveys** to assess the quality of service provision to MARPs by IPPF and private sector healthcare providers in all program countries. The Program also completed IRB review process in all countries, except Costa Rica, and initiated fieldwork by the end of Q4.

- **Continued to implement its regional Research Dissemination Strategy**, including the dissemination of stigma and discrimination research and MAP 2011.
- **Launched a new strategic information dissemination channel** in the form of an e-bulletin including research findings and updates on Program activities.
- **Continued to participate in inter-institutional entities and working groups**, including a violence working group and a gender-identity working group in Guatemala and the stigma and discrimination technical working groups in the region. The Program also continued to coordinate activities with other donors, USG agencies, USAID partners in health, Ministries of Health and National AIDS Programs, among others.
- **Submitted, received approval and presented 6 abstracts at the XIX World AIDS Conference.**

#### **Other Cross Cutting Issues**

- **Completed a regional training workshop on USAID rules and regulations**, organized by the training organization *InsideNGO*.
- **Continued to implement PSI/PASMO Human Resources Development Plans** in each country platform.
- **Carried out the annual review of the 2008-2012 PASMO Strategic Plan.**
- **Organized and held a regional BCC educators workshop to motivate and recognize PASMO BCC team members** as well as to train and update them in existing methodologies, behavior change models and approaches and other skills such as managing group behavior and emotions.
- **Organized and held the Program's Third Annual Partner's Meeting** in August in order to review Year 2 achievements, challenges and lessons learned, as well as to adjust and plan Year 3 activities.
- **Gender continued to be a cross-cutting theme** in the implementation of the Program and the combination prevention interventions. The Program implemented a series of actions at a local level to advance efforts in addressing gender throughout the Program activities.
- **Presented the Combination Prevention Program at the USAID LAC Bureau.**
- **Challenges and lessons learned.** During this reporting period, the Program faced a series of challenges which offered lessons learned and opportunities for improvement.

## **Program Overview**

In September of 2010, USAID granted a cooperative agreement to Population Services International (PSI) for the period September 2010 - September 2015 to reduce the spread of HIV among most at-risk populations (MARPs) in Central America and Mexico (CAM), in accordance with US Government guidance for concentrated epidemics. Under this agreement, PSI works to increase access to HIV prevention interventions by MARPs in working through its regional affiliates, the Pan-American Social Marketing Organization (PASMO) and PSI/Mexico, and in partnership with its sub recipients, International Planned Parenthood Federation Western Hemisphere Region (IPPF/WHR) and its eight local member associations, Cicatelli Associates, Inc., and Milk n' Cookies, and numerous other community/faith-based (C/FBO), nongovernmental (NGO), public, and private sector partners in Belize, Guatemala, El Salvador, Nicaragua, Costa Rica and Belize.

The Program, entitled Central America and Mexico HIV/AIDS Program: Combination Prevention for MARPs (hereinafter, "the Program"), defines combination prevention is defined as "a combination of behavioral, structural, and biomedical approaches based on scientifically derived evidence with the wisdom and ownership of communities- offers the best hope for successful prevention" (Merson et al, Lancet 2008)

Due to the highly concentrated nature of the HIV epidemic in Central America and Mexico, the Program focuses on reducing high-risk sexual behaviors among Most at Risk Populations (MARPs). MARPs include Commercial Sex Workers (including ambulatory and brothel based), their clients and partners, Men who have Sex with Men (MSM), People Living with HIV/AIDS (PLHA,) and their partners, and certain ethnic groups (Garifuna and Kuna). Within these MARP categories are individuals who are harder-to-reach and/or have special needs, including: bi-sexual MSM, MSM who do not identify as homosexual or gay, transgender, transvestite, MSM adolescents, and partners of PLHA who do not know their status or their partner's status, and highly mobile populations. The Program also aims to ensure a comprehensive approach including secondary vulnerable groups, defined as those who interact with high-prevalence populations and/or have increased vulnerability to infection due to their social/economic status. These groups may include: potential clients of sex workers, partners of sex workers, mobile populations, transport workers, uniformed men, and seafarers.

For FY2012, the Program reassessed priorities among target groups and defined the following three tiers: Tier 1) Transgendered and people living with HIV, Tier 2) MSM and female sex workers, and Tier 3) men at-risk and Caribbean populations (in applicable countries). As of FY2012, the Program prioritizes its prevention efforts in accordance with these tiers.

Also, in FY2012, USAID and local implementing partners in Nicaragua (Combination Prevention Program and Prevensida) revised both programs and proposed a new National Prevention Strategy that redefines the roles of each partner in order to avoid duplication and ensure the optimization of resources. As a result, as of FY2013 the Combination Prevention Program will no longer directly implement most activities in Nicaragua, and will focus its efforts on strategy and materials development, as well as training and coaching.

## Objectives and Results

The overall objective of the Program is to support the USAID Regional Prevention Strategy that focuses on providing cost effective, sustainable interventions designed to achieve increased access to HIV prevention interventions by most at-risk populations in Central America and Mexico. The Program carries out activities to achieve the following results:

1. Reduced prevalence of high-risk behaviors among MARPs and PLHA.
2. Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.
3. Increased access by MARPs to a minimum package of essential prevention and health services that includes but is not limited to access to condoms, VCT services and STI diagnosis and treatment centers, emphasizing the involvement of private health providers.
4. Strategic information obtained through research and monitoring to design or modify prevention activities.

The four components for prevention interventions under this Program draw on resources to be allocated in the following areas: 1) evidenced based models for behavior change; 2) structural approaches to reduce stigma, discrimination, and homophobia that create barriers to access of services and violate human rights of PLHA and other MARPs; 3) essential health services (voluntary testing and counseling, referrals for STI diagnosis and treatment, opportunistic infections) accessible and affordable to MARPs, condom and water-based lubricant distribution; and 4) Strategic Information, generating data and information to monitor the progress of the program and to re orient the activities implemented. The program uses a social-ecological model to address HIV/AIDS epidemic at the individual, community, health system and structural levels. The Program also implements a holistic, integrated package of interventions, which work at all levels to ensure comprehensive coverage and systematic change.

As cross-cutting themes that affect all results and levels of intervention, the Program also addresses the following key areas:

*Gender:* The importance of gender in an effective HIV response in the CAM region is reflected in the conceptualization, development and implementation of all components of the program. A clear understanding of the ways in which gender profoundly influences the experiences, opportunities and health behaviors of both women/girls and men/boys features prominently in this program.

*Sustainability:* The program increases long-term sustainability by building the capacity of key local NGO partners as well the health system to serve MARPs, to advocate for human rights, laws, and policies that are favorable to addressing the needs of MARPs, and implement and manage HIV programming more effectively.

*Coordination and Partnership:* The program maximizes project impact by coordinating actively with other agencies working in HIV/AIDS through regular meetings to develop a more rational and integrated strategy and to monitor results and share best practices.

**Component 1: Behavior Change Communication (BCC)** designed to reduce high risk behaviors and vulnerability to HIV/AIDS transmission including a range of interventions addressing gender norms- male, female, and transgender- as well as understanding the determinants of behavior and developing appropriate communications responses.

- 1 Result 1:** At the individual, family and community level, the Program works to increase the practice of positive health behaviors among MARPs through innovative and evidence-based behavior change techniques, using a mix of interpersonal communications (IPC), mass media, and interactive social media channels.

**1.1. HIV/STI tactical prevention teams and combination prevention activities**

During FY2012, the Program continued to use HIV/STI tactical prevention teams to conduct a newly consolidated “sweeping the zone” strategy by country and target population. The Program also continued to update profiles of high-risk zones. In this strategy, PSI/PASMO BCC, VCT and sales teams, along with local NGO partners, IPPF affiliates, and complementary services providers, worked intensely to provide MARPs with the minimum package of essential prevention services and products in targeted high-risk zones.

In this reporting period, the Program consolidated the sweeping the zone strategy. Some important elements are:

- The activity allows the Program to reach vulnerable populations with the minimum package of behavioral, biomedical and structural interventions.
- The engaging nature of the activity allows target groups to assess their health risks and address health issues in an integral manner.
- Coordination with other partners and organizations has been key and positive in strengthening the referral system that allows target groups to access a broader range of complimentary services.
- The activity entails a mapping exercise that allows the Program to have complete information on each high-risk zone where activities take place and the status of services and products for HIV prevention.
- Interactive group and face-to-face behavior change methodologies are implemented on a wider scale.
- Each country, population and region has variations to the manner in which the sweeping the zone activity is implemented, making it more effective and tailored to the needs of target populations and local context. For example, in some instances, men at-risk for HIV may be targeted specifically for a sweeping the zone activity, as they may not be later reached by the Program due to mobility, migration, or other factors. In other cases, a sweeping the zone activity may target various at-risk groups in a specific geographical location in order to cover a high-risk zone with the complete minimum package. The size and members of the HIV tactical prevention teams may also vary depending on local context and teams, the modality of VCT, among others.

Sweeping the zone activities with HIV tactical prevention teams were carried out throughout the 2012 fiscal year. Specifically,

- Guatemala. During the 2012 fiscal year, the Program conducted activities through HIV tactical prevention teams and sweeping the zone activities in Guatemala City, Puerto Barrios, Izabal with *Garífuna* population, Chimaltenango, Mazatenango, Tecún Umán, Retalhuleu; all areas along the epidemiological corridor. Additionally, HIV tactical prevention teams were present and conducted activities at the Carnival in Mazatenango in Q2, and other key events were used by the Program to reach specific target populations such as the sweeping the zone activity during the national meeting to discuss the gender identity law initiative organized by a Transgender NGO, OTrans in Q3.
- El Salvador. The Program worked intensively throughout the year to conduct sweeping the zone activities in the three designated geographical areas of the country. During the year, new initiatives and partners were added to the HIV tactical prevention teams, including university volunteers who were trained in providing counseling for HIV tests, as well as new public health clinics and complementary services partners. Also, during Q3 and Q4, the Program increased effort to increase the participation of target groups in receiving biomedical services by providing transportation and accompaniment to IPPF member association clinics, as well as efforts to reach men at risk such as truck drivers and coffee pickers, particularly in border zones.



- Nicaragua. The Program provided coverage with sweeping the zone activities throughout the main regions of the country and the epidemiological corridor; specifically, Managua, Tipitapa-Masaya, León, Chinandega, Masaya, Rivas and Matagalpa. Moreover, the Program effectively implemented sweeping the zone with diverse partners and in different settings. For example, men at-risk were targeted along main high-ways, in gasoline stations, and bus parking lots where the Program coordinated with the owners of the establishments. MSM were targeted and reached through coordination with bar and pension owners, and sex workers in brothels and market places. Coordination with multiple partners was also highly effective to enable sweeping the zone activities to take place, for example, the Program worked and coordinated with the Comisaría de la Mujer, Marketplace managers, Peace Corps volunteers, Police Chiefs and police stations, owners of private establishments, among others. Key dates were also used to coordinate activities, such as International Women's Day.

- Costa Rica. During this fiscal year, the Program progressively increased the number of sweeping the zone activities implemented in the year, as well as the number of target populations reached, mainly in the area of San José. The Program focused its efforts on reaching all Program target populations and coordination with multiple partners to achieve its objectives. For example, sweeping the zone activities were conducted with MSM in nightclubs and bars; with female sex workers and transgendered populations in high-risk zones and through NGOs; with men at-risk at bus stations and the National Police Academy; and with prisoners at the San Rafael de Arajuela prison. The number and reach of minimum package partners was also increased during the year, to include key coordination with the Social Security Institute and its STI control and prevention clinic to provide not only HIV testing and counseling, but also PAP smears and other STI testing, as well as with ASEMBIS, a private laboratory.

- Panama. The Program in Panama conducted sweeping the zone activities in a wide variety of geographical areas targeted by HIV incidence and prevalence. For example, the Program provided coverage in Panama City, San Miguelito, Crisol, La Chorrera, Puerto de Balboa, Parque Santa Ana, San Miguelito, Curundú, Santa Cruz, Las Tablas, Chitré, and Ciudad David Chiriquí. Moreover, the Program worked with Kuna (Guna)



populations in the region of Koskuna, Veracruz. Moreover, the Program reached different target populations including sex workers, transgendered populations, men who have sex with men, and men at-risk including highway workers, taxi drivers, police and uniformed men, fishermen, among others. Key dates such as the Gay Pride event were also used to implement sweeping the zone activities with MSM.

- Belize. During the fiscal year, HIV tactical prevention teams conducted multiple activities in the country, in areas such as Belize City, Cayo District and Orange Walk, as well as San Pedro. The Program also coordinated these activities with other national events and conferences: The Agriculture and Trade Show, The Ruta Maya event, The Marton Roberts Health Fair, and the 2012 Regional HIV Testing Day. The Program coordinated the activities with BFLA, and the Center for Disease Prevention and Control (CDC) medics.

Some other combination prevention activities include efforts to reach a greater number of persons living with HIV both in clinical settings as well as community-based settings. For example, in El Salvador, the Program coordinated with REDSAL and Visión Propositiva to reach persons living with HIV, particularly in the biomedical component for CD4 count and viral load count. In Panama, the Program worked with local NGOs such as PROBIDSIDA, Viviendo Positivamente, and Grupo Génesis to accompany in home-visits and activities outside clinical settings.



In Costa Rica, the Program worked with the Central American Network of Persons with HIV (REDCA), to develop a strategy to reach PLHA and training to Program outreach staff. And, in Belize, the Program worked with the Collaborative Network of Persons Living with HIV/AIDS (CNet+) with the support of the US Ambassador's HIV Prevention Program, to develop a prevention kit for PLHA in Spanish and English. In spite of these efforts, during the fiscal year, the Program mainly reached PLHA in clinical settings such as comprehensive care clinics. In FY2013, more work needs to be done to develop other alliances and shared strategies to reach PLHA in community-based settings.

Throughout the fiscal year, the Program worked intensively to recruit and work with multiple partners and stakeholders to provide behavioral, biomedical and complementary services as part of the minimum package. For a list of stakeholders and partners working under the Combination Prevention Program to provide the minimum package, please see Annex IV - Regional Summary of all Minimum Package Partners and Stakeholders.

In FY2012, the Program implemented **19,458** combination prevention activities with MARPs across the region, through **181,522** contacts, reaching and **55,993** individuals; this represents **104%** of its target for individuals reached by the Program.

Of the 55,993 individuals reached, **3,388 MARPs** completed at least one combination prevention cycle in accordance with the Program's minimum package.

**Table 2: Total Combination Prevention Activities and Contacts, FY2012**

Target Groups	Guatemala		El Salvador		Nicaragua		Costa Rica		Panama		Belize		Total REGION		% Achieved	
	G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP		G-CAP	
	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON	ACT	CON
MSM	1,063	8,672	998	10,304	907	7,337	622	4,558	1,338	12,347	42	316	4,970	43,534	100%	110%
FSW	921	9,076	904	9,005	844	6,788	437	2,943	592	5,845	46	356	3,744	34,013	122%	139%
Trans	237	2,416	87	854	208	1,478	112	708	131	1,567	0	0	775	7,023	117%	133%
Males at Risk	1,383	13,490	2,110	21,235	1,860	19,340	589	4,358	1,134	11,504	98	816	7,174	70,743	181%	178%
PLHA	664	4,743	991	11,230	144	1,370	183	1,157	302	2,901	48	475	2,332	21,876	117%	137%
Caribbean Population	369	3,223	0	0	0	0	0	0	83	737	11	373	463	4,333	105%	140%
<b>TOTAL...</b>	<b>4,637</b>	<b>41,620</b>	<b>5,090</b>	<b>52,628</b>	<b>3,963</b>	<b>36,313</b>	<b>1,943</b>	<b>13,724</b>	<b>3,580</b>	<b>34,901</b>	<b>245</b>	<b>2,336</b>	<b>19,458</b>	<b>181,522</b>	<b>129%</b>	<b>142%</b>

**Table 3: Total Combination Prevention Activities, Contacts and Individuals, FY2012**

Target Groups	GUATEMALA			EL SALVADOR			NICARAGUA			COSTA RICA			PANAMA			BELIZE			TOTAL		
	G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP			G-CAP		
	Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results			Cumulative Results		
	OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12			OCT 11 - MAR 12		
	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND	ACT	CON	IND
MSM	1,063	8,672	2,915	998	10,304	3,578	907	7,337	2,410	622	4,558	999	1,338	12,347	2,837	42	316	248	4,970	43,534	12,987
FSW	921	9,076	2,741	904	9,005	3,369	844	6,788	2,178	437	2,943	934	592	5,845	1,391	46	356	215	3,744	34,013	10,828
Trans	237	2,416	674	87	854	492	208	1,478	481	112	708	153	131	1,567	349	0	0	0	775	7,023	2,149
Potential Clients	1,383	13,490	5,575	2,110	21,235	5,561	1,860	19,340	5,757	589	4,358	1,538	1,134	11,504	2,350	98	816	595	7,174	70,743	21,376
PLWA	664	4,743	1,798	991	11,230	2,804	144	1,370	625	183	1,157	224	302	2,901	1,049	48	475	153	2,332	21,876	6,653
Caribbean Pop.	369	3,223	1,309	0	0	0	0	0	0	0	0	0	83	737	392	11	373	299	463	4,333	2,000
<b>TOTAL...</b>	<b>4,637</b>	<b>41,620</b>	<b>15,012</b>	<b>5,090</b>	<b>52,628</b>	<b>15,804</b>	<b>3,963</b>	<b>36,313</b>	<b>11,451</b>	<b>1,943</b>	<b>13,724</b>	<b>3,848</b>	<b>3,580</b>	<b>34,901</b>	<b>8,368</b>	<b>245</b>	<b>2,336</b>	<b>1,510</b>	<b>19,458</b>	<b>181,522</b>	<b>55,993</b>

### **World AIDS Day 2011 Activities**

During the week of December 1<sup>st</sup>, 2011, the Program participated actively in World AIDS Day commemoration activities in all countries, detailed as follows:

- Guatemala. In the weeks prior to World AIDS Day, PSI/PASMO prepared and posted a blog post for the UNAIDS campaign website that described the ¿Y Ahora Qué? site for PLHA and the research behind its development. PSI/PASMO also set up informative booths throughout Guatemala City as part of EXPOVIDA and ENLAZATE. On December 1<sup>st</sup>, PSI/PASMO participated in informative booths and commemorative activities in Guatemala, Quetzaltenango and Tecún Umán.
- El Salvador. In El Salvador, PSI/PASMO participated in World AIDS Day activities on December 1<sup>st</sup> and subsequent weeks, including sensitization sessions and informative booths in public areas such as Parque Guzmán de San Miguel, hospitals such as Hospital de Sonsonate, Social Security service points, and private sector partners, such as Colgate. PSI/PASMO also helped organize recreational activities for groups providing support to PLHA in hospitals in Sonsonate, Santa Ana, Santa Tecla and Soyapango.
- Nicaragua. On December 1<sup>st</sup> and the subsequent days, PSI/PASMO participated in an informative booth organized by CONISIDA and the MoH in Managua, provided materials and support to CONISIDA and the Peace Coprs in Estelí, Somoto and Ocotal, and two separate marches: one in solidarity with PLHA, and another promoting the rights of GLBT community in Nagarote.
- Costa Rica. PSI/PASMO was one of several organizations invited by the MoH to a press conference and health fair with informative booths. PSI/PASMO also participated in commemorative activities in the Calderón Guardia hospital as well as support for HIV testing at the Universidad Latina, organized by the Capacity Project.
- Panama. On December 1<sup>st</sup>, PSI/PASMO participated actively in a wide range of activities, including informative booths and health fairs organized by the MoH, and provided information and educational materials and GLBT events and activities. The US Ambassador visited the PSI/PASMO informative booth and participated in different activities.
- Belize. During the week of December 1<sup>st</sup>, PSI/PASMO worked in alliance with the MoH to provide voluntary counseling and testing for HIV at different points in Belize City and Belmopán. PSI/PASMO also participated in informative booths, such as one organized by the Belize Defense force.



## 1.2 Combination Prevention Methodologies and Materials

### *Methodologies and materials*

#### Picture Code Methodology for transgendered populations

In FY2012, the Program completed the design and validation of picture code methodology for transgendered populations entitled “Decisiones”. The Program also reproduced, completed the training process, and began to implement the methodology in the field. This is the first behavior change communication methodology designed by the Program specifically for transgendered populations and it has been generally well received.



#### Multiple session discussion methodology for transgendered populations

In this reporting period, the Program initiated the process of designing a multiple session discussion methodology for transgendered populations. This methodology is an adaptation of the “Viviendo la Vida” methodology implemented with men who have sex with men. The Program expects to validate, receive approval and complete the methodology in early FY2013.

#### Multiple session discussion methodology for female sex workers

During the fiscal year, the Program began the process of designing a multiple session discussion methodology for female sex workers, tentatively entitled “Entre Nosotras”. In this period, the Program completed the design and training manual for this methodology and began the final review process with Program countries in the field; in Q1 FY2013, the Program will produce and begin implementation of the methodology.

#### Adapted picture code methodology for female sex workers

The Program completed the design, validation, training and reproduction of an adapted picture code methodology for female sex workers. The methodology was submitted to USAID for approval; production and implementation will begin, upon approval, in Q1 FY2013.

#### Prevention with Positives methodology for people living with HIV

The development of a Prevention with Positives methodology for people living with HIV was postponed for FY2013. However, during this reporting period and as a first step, the Program met with NGOs and organizations, such as REDCA, to discuss and design topics to be addressed in the methodology.

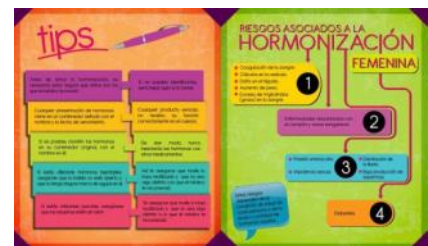
Lastly, the Program began to update two current methodologies (“El Reto” and 1-2-3 Safe) to incorporate aspects of combination prevention, in large part due to a review process conducted during the Regional BCC educators workshop.

#### *VCT Promotion materials*

During the reporting period, the Program worked to updated existing VCT promotion and print material. Specifically, the “10 reasons to not get tested” and an informative brochure (Positive and Negative) were updated.

#### Other print materials

- The Program completed, validated, and reproduced a new print material for MSM, which addresses topics related to condom and lubricant use, as well as STI prevention.
- The Program designed, completed and reproduced one new print material for people living with HIV/AIDS (PLHA) on the topic of adherence. The Program also designed and completed one print material for this same population on the topic of sexuality, which was submitted to USAID for final approval before reproduction.
- The Program also designed, completed and reproduced one new print material for transgendered populations on the topic of harmonization.
- For Belize, the Program updated one print material on STI prevention and developed a kit of informational materials for persons living with HIV in coordination with CNet+ and the US Ambassador’s HIV Prevention Program.



### 1.3 Virtual self-help groups for PLHA

During FY2012, the Program launched the English version of the ¿Y Ahora Qué? Website: [www.andwhatnow.info](http://www.andwhatnow.info), tailored to the needs of persons living with HIV, family and friends in Belize, with contact information and referrals to support sites. The launch event was supported by the National AIDS Commission, the US Embassy in Belize and a partner NGO working with PLHA, CNet+. Media, NGOs, and other key partners participated in the event.

Also in this fiscal year, the Program launched three virtual self-help groups operating within the ¿Y Ahora Qué? website in Guatemala, El Salvador, Nicaragua, Costa Rica and Panama, and within the And What Now? website in Belize. These groups are facilitated by PSI/PASMO staff and NGO collaborators as follows:

- Support group for family and friends of persons living with HIV/AIDS.
- Support group for men and women living with HIV/AIDS.
- Support group for discordant couples.

As part of the training process prior to the launch of the virtual self-help groups, the Program conducted a series of training sessions during Q1 and Q2. The sessions included topics on organizing and setting up timeframes for the self-help groups, technical knowledge on using chat, and final preparations for the launch. After the January launch, the Program used conference call tools to meet with the facilitators on a monthly basis for follow-up, addressing concerns, sharing experiences and lessons learned, and in Q4, follow-up was conducted electronically.

From January to September 2011, a total of **96** persons participated in the virtual self-help.

In this period, the Program also developed a new activity specifically designed to promote and increase participation on the virtual self-help groups. This activity, developed by the Program in El Salvador and entitled “tardes cibernéticas”, consists in coordinating with a local NGO to set up computers and internet access with the website. The Program and partners present the site, allow persons living with HIV, their family and friends to explore the site and interact in the virtual self-help groups while an online facilitator responds to their questions and concerns; Program staff are available to provide accompaniment.

#### 1.4 **Cyber-Educators:**

In order to guide the activities of cyber-educators in the region, in this fiscal year the Program completed the development of a Manual for Cyber-Educators detailing two major lines of action: a) engaging and conducting BCC and combination prevention activities with MARPs, specifically MSM through online channels, including social media, and b) engaging PLHA, their family and friends through the ¿Y Ahora Qué? website, and collecting data for updates to the site.

In this period, Program cyber-educators began to implement online combination prevention outreach with MSM in chat-rooms and social media channels. In order to track these individuals, cyber-educators collected the Unique Identifier Code (UIC). To support this outreach, the Program also developed an online voucher that is available for download and printing. This link to the voucher is sent to MSM in order to refer to biomedical services. The online voucher was developed per country and can only be used once, in order to avoid reproduction and dissemination through other channels that are not cyber-educators.



As part of ongoing efforts to reach MSM online, in all Program countries, cyber-educators provided support in negotiating with other websites and social media channels to conduct outreach online. In this year, cyber-educators conducted online outreach with MSM in websites, social media and networking sites, such as:

- Guatemala: The Program negotiated with GayGuatemala.com to conduct outreach inside this website's chat room. The cyber-educator also uses Chat.com.
- El Salvador: Two Program cyber-educators worked in multiple MSM sites and social networking sites. Online outreach has been particularly effective in late evening hours.
- Nicaragua: The Program cyber-educator used social networking sites (Facebook and MSN), as well as two chat sites: mundoanuncio.com and chat.com.
- Costa Rica: The Program cyber-educator used social networking sites (Facebook and MSN) In Costa Rica, social media networking sites alone have been the greatest source of UICs collected online during outreach
- Panama: In Panama, the cyber-educator combined hours conducting outreach with MSM in the daytime as well as in the late evening and through social networking sites (Facebook and MSN).
- Belize: In Belize, the Program used social networking sites (Facebook) to begin outreach with MSM and worked in chat-rooms such as Adam4Adam.

During FY2012, the Program conducted outreach with a total of **2,472** MSM through social media, online channels and chat rooms.

Moreover, in this reporting period, the Program began the process of developing an online BCC methodology based on the current MSM incomplete drama methodology "XY", tentatively entitled "Mejorando Vidas".



## 1.5 Strengthen and systematize quality control for BCC/VCT activities

### UIC

In the 2012 fiscal year, the Program completed the roll-out of the UIC system in all Program countries and began to collect this data in the field with all target groups. (The UIC is a simple and anonymous code: the first two letters of the person's last name, a gender code, day of birth, and two digits of the year of birth). The Program also completed the adaptation of its management information system (MIS) to include UIC data collection and referrals, referrals to complementary services, as well as biomedical services provided. With this information, the Program's MIS now collects and consolidates the information for all minimum package services provided under the combination prevention approach.

The Program also developed support material for field-staff to facilitate the collection of the UIC from target groups. For follow-up and support, the Program organized and carried out a regional, online training session for all HIV managers and coordinators to align all platforms with the UIC collection and tracking process, and conducted ongoing and individual follow-up throughout the year.



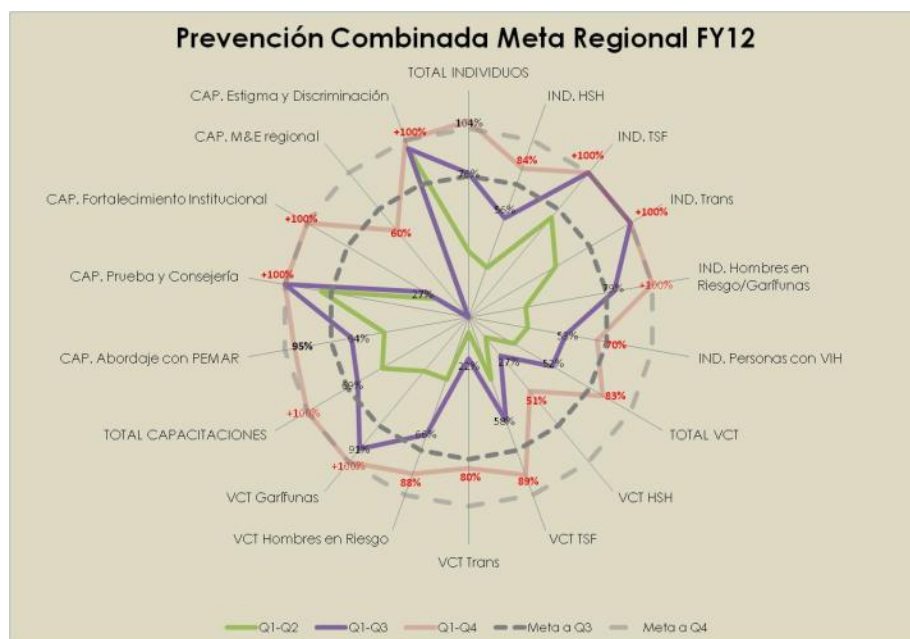
### Key coordination initiatives

To expand the use of the UIC, the Program in Guatemala worked with the Global Fund recipients to pilot the UIC system; preliminary results show similarities with the UIC pilot conducted by the Program in 2011. In Belize, the Program worked with the Ministry of Health to adapt the UIC system to include district and geographic area information (rural / urban). And, in Nicaragua, the Program coordinated with the USAID bilateral program to share lessons learned, and data collected for a UIC system.

As a result of the use of the UIC system, the Program was able to collect and analyze data on individuals reached by the Program and those who have completed the combination prevention cycle (received basic/behavioral, biomedical and complimentary services). For more information, see Annex I –ROPs-APR Report FY2012.

### Improving quality assurance systems and ongoing quality control for Program activities and work with NGOs

Throughout the region, as the use of the UIC has been expanded and improved since its launch, the Program has found it to be an increasingly useful tool in quality assurance. For example, the reports generated by SAM, which include UIC data, allow the Program to effectively and precisely monitor the progress of individuals through the combination prevention cycle. In addition the UIC data, the Program has been updating and using mapping tools for high-risk zones that allow it to analyze where the activities are taking place and where individuals are being reached. Additionally, the regional strategic information team has been providing support, training, and follow-up with local platforms to increase local capacity to analyze UIC data for improved quality control of Program activities. A new monitoring tool was also developed (see below), to allow regional and local teams to monitor the advances with Program targets.



During fiscal year, the Program also carried out a series of quality assurance initiatives at a regional and local level. The USAID technical officer and the Chief of Party conducted monitoring and quality assurance visits to all Program countries. Additionally, support with monitoring and Program training was conducted by the regional Senior Prevention Advisor, regional Strategic Information Manager, regional MIS specialist, as well as visits conducted by regional research team members. A quarterly virtual working group with Program partners, including PASMO, Milk N Cookies, CAI and IPPF was held to discuss advances with the Program and ongoing quality control efforts. Weekly meetings with Milk N Cookies take place on a systematic basis, as well as monthly calls between PASMO and IPPF/WHR. On an institutional level, IPPF/WHR Regional Office staff conducted regular monitoring of project activities and progress with implementing MAs through phone and email communication, and at a local level IPPF member associations (MAs) meet on a regular basis with local PASMO teams for adequate coordination and quality assurance.

Also, the Program consistently carried out its ongoing quality control activities, such as observation, confirmation and verification of combination prevention activities in the field and the supervision of teams and NGO partners. In some countries, such as Belize, certain challenges were faced with monitoring and supervision of activities due to the structure of HIV tactical prevention teams as well as challenges with MIS and forms. Additionally, quality control tools (such as reporting forms) and supervision for online outreach with MSM and PLHA were used in line with the three principles (observation, confirmation and verification).

#### Strengthening local capacity of NGOs and other trainings

In an effort to strengthen the capacity of local organizations to implement combination prevention activities, during FY2012, the Program developed local capacity building plans for NGOs in each country. This process entailed meeting with representatives from the NGOs to detect their training needs and subsequently plan training and capacity building sessions. Training plans were also coordinated with other USAID partners in health, such as The Capacity Project, to coordinate dates and avoid duplication. Additionally, a list of all trainings provided by the PSI/PASMO Regional Office was developed to support this process. For more information, see Annex II – Trainings Summary.

#### *Regional BCC educators workshop*

In Q2, the Program carried out a regional BCC educator's workshop on outreach techniques with MARPs. Over the course of one week, several training modules and group discussions were held, including topics such as review and update of current BCC methodologies, brainstorming for new methodologies, training on motivational interviewing techniques, review of UIC collection and use of data, among others. Prevention with Positives (PwP) was on the main components of the workshop, with the participation of REDCA and USAID, as well as a complete session on managing groups and emotions. Overall, the workshop objectives were achieved.





#### *Quality control and training of IPPF MA*

IPPF/WHR also continued its efforts to increase providers' technical capacity for service provision to MARPs. As a continuation of those efforts to enhance technical skill and knowledge, address values clarification, and to reduce stigma and discrimination, a workshop was held on September 26 at IPPF/WHR's Regional Office. The workshop aimed at promoting sexual rights, reducing stigma and discrimination, increasing skills in sexual history taking and fostering leadership in clinical staff. Preliminary evaluations show that the session served to increase participants' knowledge and skill in sexual history taking for MARPs and their understanding of the needs and experiences of MARP clients. The sessions were interactive with group discussions and short didactic sessions for the reinforcement of key concepts such as sexual rights, facilitation skills, data collection and HIV prevention best practices. For more information, see Annex II – Trainings Summary.

## **1.6 Strategic Media**

### **¿Tienes? Pídelo Campaign**

During this reporting period, local country platforms carried out a series of initiatives to promote this generic condom use campaign entitled ¿Tienes? Pídelo. In all countries, except for Belize, the Program reproduced the updated print and POP materials for condom outlets in high-risk zones, as well as new promotional items developed under this campaign; the purpose of these materials and promo items is to incentivize points of sale in offering condoms in a visible and accessible manner to MARPs. The new and updated materials included higher quality items designed for longer durability at high-risk outlets; for example, light box posters, instead of paper posters.

Specifically, in El Salvador and with the support of bilateral funds, the Program conducted follow-up and additional activities to support the ¿Tienes? Pídelo campaign. For example, the Program contacted and negotiated with a local and popular music group, Los REDD, to promote the campaign in a series of concerts held in two large malls: "Plaza Merliot" in Santa Tecla and "Plaza Mundo" in Soyapango in Q2. In addition to airing the campaign spots and placing POP material, the musical group interpreted the song for the campaign and the "gimmick" motivating persons to always carry a condom.



### Masculinities Campaign with a Women's Perspective

During the 2012 fiscal year, the Program completed the design, validation, production and airing of a new phase of the masculinities and women's perspective campaign. Based on the 2011 qualitative research conducted with women, the Program developed the following campaign objectives:

1. Increase the understanding that there are different types of men in Central America, with different self-concepts, comprised of certain core values, goals, aspirations and style, and they are all *hombres de verdad*.
2. Link healthy behaviors re. HIV/STI prevention with each of these images of masculinity.
3. Associate a key phrase with each type of man to create a recognizable identification for that type of man, which can be used in future campaigns for different goals.
4. Model women's appreciation of the healthy behaviors and of the different types of men, using a "positive deviance" approach.

Additionally, the Program sought to design a research-based campaign that shows and appreciates men's diversity; targets six psychographic segments discovered in research and linking them to safe behavior using different words and images; and a "smart campaign" design that is multi-layered, complex and subtle.

With these objectives, Q2, the Program developed two creative concepts that were pre-tested in a series of focus groups in Guatemala. The two concepts that were developed are: "Qué quieren los hombres?" (What do men want?) and "Cuchubal". Both concepts provide continuity to the original Masculinities Campaign (Hombres de Verdad) from an executional standpoint combining a format of testimonials and a slice of life. The campaign concepts, which were validated in Q2 and where the "Cuchubal" concept was selected, were used to design the new and complete campaign. This campaign was designed to promote a wider vision of masculinities and aspirations, and two behaviors 1) HIV testing, and 2) condom use.



The Program, in coordination with its advertising agency, developed the graphic design, radio and television spots, which were aired in Q4. For the television spots, real men (not actors) from each country were recruited according to their masculinities profile; there was also a balance of ages, socio-economic levels, and education. Separately, English-language spots were filmed with men from Belize.

Media plans included regional cable, local radio stations, outdoors and social media. Launch events, under a concept of an interactive art gallery where the different masculinities profiles are highlighted, are to be held during the first month of the 2013 fiscal year.

## Development of an anti-stigma/discrimination campaign

As part of its efforts to develop a new anti-stigma and discrimination campaign to increase acceptance of different kinds of people, regardless of sero-status, sexual orientation or occupation, and introduce topics related to homophobia, the Program developed the creative brief for the campaign based on the findings in the regional, qualitative study on stigma and discrimination completed in FY2011. Subsequently, the Program received initial creative concepts from its Advertising Agency, which pointed in the direction of creating a social movement instead of a campaign. The Program also contacted partners such as the regional office of UNFPA and UNAIDS in Panama to develop a regional technical working group to support the initiative.

In Q2, the Program developed the creative concept for a new anti-stigma and discrimination communications initiative and decided on pursuing a “social movement” concept entitled “Generation Zero” against stigma and discrimination, instead of a traditional campaign. The name, selected based on a consultation process with the local technical working groups, makes reference to the UNAIDS world-wide campaign “Getting to Zero” (Zero deaths related to HIV, zero new infections, zero discrimination).

In Q3, the Program continued to disseminate the research and the social movement concept by creating local and multi-sector technical working groups to provide input and follow-up on the process of advancing a movement of this type. The working groups in all countries include representatives from local NGO partners and organizations representing or working with MARPs, Ministry of Health / National AIDS Program, international agencies, opinion leaders and some media representatives, among others. The organizations and partners participating in each technical working group are as follows:

GUATEMALA	EL SALVADOR	NICARAGUA	COSTA RICA	PANAMÁ
1. 2Cabezasine	1. Programa Nacional de VIH MINSAL	1. Fundación <u>Xochiquetzal</u>	1. UNFPA	1. PROBISIDA – Población PCV
2. APROFAM	2. <u>Asoc.</u> Red Sal+	2. MOVFEMD	2. PASCA	2. Programa Nacional de VIH - MINSA
3. <u>Fund.</u> Fernando Iturbide	3. Canal 12	3. PREVENSIDA	3. LA SALA	3. Defensoría del Pueblo – Derechos Humanos
4. Observatorio DDHH VIH	4. Fundación SERAPHIM	4. Procuraduría de DH de la Diversidad Sexual	4. Ministerio de Salud	4. ONUSIDA - Agencia
5. ONUSIDA	5. Orquídeas del Mar	5. CONISIDA	5. MANU	5. APLAFA - IPPF
6. <u>Org.</u> Gente Feliz	6. FUNDASIDA	6. ADESENIC	6. Diversidad ILCO	6. Grupo Génesis Panamá + - población de PCV
7. PASMO	7. Secretaría de Inclusión Social	7. REDTRANSEX	7. Diversidad	7. UNFPA - Agencia
8. PNS	8. Sec. CONASIDA	8. REDTRANSEX	8. Grupo Manu	8. Nuevos Horizontes - población HSH
9. <u>USAID/Capacity</u>	9. Hablemos de Vida	9. ASONVIHSIDA	9. REDCA	9. Mujeres con Dignidad y Derechos de Panamá – población de TSF
10. Voluntario (as)	10. ASPIDH/ Arcoíris	10. Grupo SAFO	10. ASOVIHSIDA	10. Nuevos Horizontes - Población <u>Trans</u>
	11. <u>Asoc.</u> Entre Amigos	11. ANICP + VIDA	11. Movimiento diversidad	11. PASMO
	12. PASMO	12. Procuraduría de DH de la Diversidad Sexual	12. PASMO	
		13. ADESENIC		
		14. PASMO		

In this period, the Program designed and presented a logo and slogan for “Generation Zero”, and also planned and implemented the first phase of the social movement, an “experiment”, designed to document discrimination towards MARPs in the region.

- In Guatemala, the Program conducted a series of interviews with members of the general population (targeting the archetypes found in the 2011 qualitative study). The interviews were filmed in two locations of Guatemala City and based on the reactions to volunteers wearing t-shirts with the following text: I am Gay, I am Lesbian, I am a Sex Worker, I have HIV. Four videos of the interviews were edited and will be disseminated to spark a discussion at a society-level in Q1, FY2013.
- In El Salvador, the technical working group selected a hidden-camera type “experiment” to document stigma and discrimination towards a wider range of discriminated populations. General population reactions were filmed in two locations of San Salvador towards volunteers wearing t-shirts such as “I am a woman”, I am Gay, I am Lesbian, I am a Sex Worker, I have HIV, I am Transgender, and I am overweight. The videos will be edited and disseminated in Q1 FY2013.
- In Nicaragua, the technical working group selected three locations of Managua to film the reaction of the general population towards volunteers wearing t-shirts such as I am Gay, I am a Sex Worker, and I have HIV. The “experiment” in Nicaragua combined hidden camera footage as well as direct interviews in the street regarding a previous campaign on homophobia; interviewees were asked about their reaction to that campaign. The videos will be edited and disseminated in Q1 FY2013.
- In Costa Rica, the technical working group decided on organizing and carrying out a silent march with over 130 volunteers wearing t-shirts such as I have HIV, I have a friend with HIV, I am Transgender, I have a friend who is Transgender, I am Gay, I am Lesbian, I have a friend who is Gay/Lesbian, among others. The volunteers at the march, held on September 29<sup>th</sup>, began in four points of the city and congregated in the central park of San José with the purpose of evidencing stigma and discrimination and generating discussion at a society-level on this topic. The march received media coverage of follow-up activities were conducted online through social networking sites; additional activities are planned for Q1 FY2013.
- In Panama, the technical working group selected an interview format for the experiment where three locations in Panama City were selected. Members of the general population, targeting the archetypes found in the 2011 qualitative study, were interviewed directly asking their opinions on persons living with HIV, persons who are gay/lesbian/transgender, and women who are sex workers. The video will be edited and disseminated, along with other follow-up activities in Q1 FY2013.



- In Belize, the Program completed the qualitative research on stigma and discrimination and participated in a national level stigma and discrimination Conference. Follow-up actions will be coordinated through the participants of the conference and the Program will continue to pursue the social movement concept in FY2013.

A first phase of the “experiment” was also conducted online, in coordination with Program partner Milk N Cookies. A total of 11 profiles and résumés of persons soliciting jobs online were created and sent to 66 recruiters/companies. Profiles were developed to fit a certain job description, and were made to be comparable where one profile was openly gay/lesbian, sex workers or living with HIV, and the other profile with the same characteristics was not. The results showed that recruiters/companies responded in low numbers to all the profiles, but were particularly unresponsive to the profile that indicated that the woman was a sex worker.

### **Social Media, including mobile phone technology and social networks**

In FY2012, the Program continued to implement its regional Social Media and Short Message System (SMS) strategy to create “buzz” about healthy behaviors and change social norms.

#### Social Media and Websites

As part its communications and promotion strategy for the ¿Y Ahora Qué? website, the Program developed new print materials and promotional items to be placed and/or disseminated at comprehensive care clinics, laboratories and NGOs/associations working with people living with HIV. A poster communicating the days and times for the virtual self-help groups was designed and reproduced, as well as a print material for health care providers. For El Salvador’s National HIV testing day, the Program developed a 30 second television spot that not only promoted getting tested, but also communicated information on the ¿Y Ahora Qué? Website: <http://bit.ly/N90tat> , and also used this type of large-scale event to set up informative booths and allow persons to enter the website and interact. Additionally, several on-the ground activities were conducted at a regional level and in Program countries to promote the site. For example,

#### Regional initiative for key dates.

- At a regional level, the Program developed a three-level calendar of updates and key dates, and also carried out online features and applications to support the promotion of the website. The Program also aligned updates to the ¿Y Ahora Qué? website to social media channels, such as Facebook and Twitter. Specifically, online post cards, and Facebook wall features were developed and disseminated for key dates such as National Testing Week, International Women’s Day, Candlelight Vigil, among others as well as messages regarding prevention, stigma and discrimination. Also, for International Women’s Day, the Program recorded and disseminated a message for women, and women living with HIV. The Website fan page was also updated periodically, with new images and content.



- By the end of Q4, FY2012, the website fan page on Facebook had **660 fans** engaging and sharing information actively. The most visited sections in the ¿Y Ahora Qué? website were: Home, Self-Help/Support, Experiences (Video Testimonials), and HIV.
- Guatemala. The Program conducted a series of visits to comprehensive care clinics and PLHA/family/friends groups in Coatepeque (“Madres Amigas”) and Escuintla to share the website and promote the online self-help groups. The Program participated in a workshop entitled “Viviendo Positivamente” for facilitators of PLHA support groups in Chichicastenango. The Program presented the website and discussed opportunities for coordination with the participants. The website was also presented and shared with the Global Fund recipient, HIVOS. Also, the Program replicated the El Salvador activity known as “tardes cibernéticas” at internet cafes.
- El Salvador. The Program partnered with the local MoH and bilateral Program to place buildboards and the Cuscatlá soccer stadium to promote the website and met with anti-retroviral (ARV) clinics to promote the site as a tool for counseling. Also, as part of a series of concerts in public shopping centers, the Program coordinated with a musical group to create awareness of the website and the support groups. The Program cyber-educator also participated in these events, as well as sweeping the zone activities, to promote the website and groups. The Program also created and implemented a new activity, entitled “tardes cibernéticas”.
- Nicaragua. The Program visited anti-retroviral (ARV) clinics in the country to promote the website as a tool for counseling. Subsequently, the Program conducted a series of mass media interviews to generate awareness on the website, the support groups and combination prevention. These visits generated at least one online news piece: <http://www.elnuevodiario.com.ni/nacionales/247897-pasmo-lanza-sitio-web-vih>. Moreover, the Program continued to visit comprehensive care clinics where PLHA receive attention, care and services, such as the Hospital Roberto Calderón in Managua and the Hospital España in Chinandega, and continued with mass media interviews and visits to media outlets, such as TV Channels 2, 8, 10, 12 and 13, to generate awareness on the website and the support groups. Banners and print materials were also placed and VICITS Clinics, public hospitals, health centers, and NGOs working with PLHA.
- Costa Rica. As an initiative of the platform, HIV tactical prevention teams included the cyber-educator who participated in sweeping the zone activities by promoting the website and helping users enter, and generate awareness on the support groups. The Program also conducted radio interview with Radio Monumental to promote the site, as well as at a health fair organized by the public university in San José. The Program also contacted other online and face-to-face groups for PLHA as well as presentations of the website to partner NGOs. The Program also developed print material for the Costa Rican Social Security Institute STI Control and Prevention Clinic with information for PLHA and information on the website and virtual self-help groups.
- Panama. In this period, the Program conducted visits to ARV clinics to promote the website, its features, and use of the website for support in the counseling process. The new print materials were also disseminated at clinics, NGOs and associations working with PLHA.

- Belize. During this period, the Program worked in collaboration with CNet+, an NGO working with PLHA to promote the And What Now? website. The Program provided support in developing refreshed print material that not only communicates the activities conducted by this NGO, but also information on the AndWhatNow? website and the support groups available for persons in Belize. The Program also partnered with The Capacity Project, the National AIDS Commission, BFLA and POWA to train 51 healthcare providers and community outreach staff working in the field of HIV/AIDS. The Program also developed two fliers to promote the And What Now? Website and virtual self-help groups that were disseminated to over 100 participants at the First Annual National Solidarity day with Persons Living with HIV in May.

The actions carried out at a regional level, allowed the Program to reach a cumulative number of total visits to the website of **10,586** from up to Q4 FY2012, mainly from the following countries: Guatemala, Costa Rica, Nicaragua and El Salvador. For more detail, see below:



### MiZonaH.com

As a first phase, prior to the launch of the new phase of the masculinities campaign, the Program completed the process of updating a refreshed version of the masculinities website, Mi Zona H ([www.mizonah.com](http://www.mizonah.com)). The site was condensed to highlight three main sections: a) "Informate" (inform yourself), b) "Qué tipo de hombre eres?" (what type of man are you?), and c) "Contactos" (contact us). In Q4, and in coordination with the launch of the new phase of the masculinities campaign, the Program also completed the design, development and upload of the new version of the website.

#### Mobile phone initiatives / SMS technology

During the 2012 fiscal year, the Program developed the terms of reference to select a mobile phone aggregator that will provide regional short message system (SMS) services and other mobile phone services under the Program. Additionally, the bidding and procurement process was completed as well as the contract with the selected mobile phone services provider.

**Component 2: Address Structural Approaches** to enable cultural changes in social norms, reduction of myths and stigma and discrimination related to sexual orientation, occupation and serostatus; addressing social, cultural, organizational, community, and economic factors that increase the vulnerability of MARPs.

The structural approaches to HIV prevention seek to change social, economic, political, or environmental factors determining HIV risk and vulnerability. In particular, societal norms that lead to *homophobia* and *homophobic behaviors* will be given greater attention and emphasis under the Program.

2. **Result 2:** Increased effective interventions implemented to decrease hostility in social environments that foment and tolerate homophobia and stigma and discrimination attitudes related to sexual orientation, occupation or status.

- 2.1. **Institutionalization of anti-stigma and discrimination practices in service delivery points**

During FY2012, and in order to institutionalize anti-stigma and discriminatory practices at service delivery points, the Program took the following steps:

#### Develop curricula and regional training manual for health-care providers on stigma and discrimination.

In Q1, Ciatelli Associates Inc. (CAI), led the process of developing a regional training manual by conducting a bibliographical search, as a first step. CAI also used the findings of the Regional Assessment on stigma and discrimination, developed in FY2011, to introduce the initiative of the manual to several partners in the region, such as COMISCA, OPS, UNAIDS, and REDCA. These meetings also served to involve these partners in the development of the manual and training curricula.

In Q2, CAI advanced in the process of developing the manual and identified four target groups: 1) decision makers, leaders, directors and managers of health service outlets; 2) medical staff, doctors, psychologists, social workers and nurses; 3) first line attendants, such as administrative staff, security, receptionists, cleaning staff, etc.; and, 4) persons most at-risk for HIV.



In Q3, CAI conducted three-day pilot workshop in El Salvador to pre-test the module of the manual that targets decision makers, leaders, directors and managers of health service outlets; 24 representatives from this target audience participated in the workshop. This module is designed to develop in this audience, the skills and strategies to reduce stigma and discrimination in the workplace. This includes the identification of technical solutions for policy development and implementation, analysis of the strengths and weaknesses of their current policies, and the development of operational plans.



Workshop participants expressed their acceptance of the training module and were satisfied with its contents, as well as the need for materials of this type. Additionally, the workshop evidenced the possibility of using this same module to train other audiences at this level in reduced stigma and discrimination.

And, in Q4, CAI conducted a two-day pilot workshop in Panama to pre-test module two that targets medical staff, doctors, psychologists, social workers and nurses. A total of 24 services providers participated in the workshop and conducted on-hands activities and training sessions designed to reduce stigma and discrimination towards MARPs at a services provision level and to develop concrete plans to improve the quality of services provided. Participants filled out a pre and post- test and the manual, modules, and sessions were highly reviewed.

#### Quality assurance visits to service delivery points and training of counselors and community workers.

In an effort to contribute to maintaining services free of stigma and discrimination, the Program continued to conduct periodic local monitoring visits, meetings, sensitization and trainings to assure quality at the IPPF service delivery points for MARPs.

During the fiscal year, a total of **749** health care providers, including counselors, and community workers in outreach with MARPs and testing and counseling at IPPF Member Associations, private sector laboratories, and NGOs were trained in the provision of MARP-friendly services free of stigma and discrimination. Specifically, at IPPF Member Associations:

- Guatemala. The Program conducted training sessions at APROFAM/Guatemala with clinical and non-clinical staff at the Chimaltenango Clinic, Hospital Central, Hospital Cobán, Hospital Jutiapa, Clínica Puerto Barrios, Hospital Zacapa, Clínica Berberena and clinics from the Southern Region (Escuintla, Mazatenango, Retalhuleu, Coatepeque, Malacatan). In addition, staff carried out sensitization sessions with health service providers and administrative staff.
- El Salvador. The Program conducted sensitization and training sessions at ADS/El Salvador with health service providers and administrative staff from all of its clinics, hospitals and laboratories participating in the Program.

- Nicaragua. The Program conducted training and sensitization with clinical and non-clinical providers at clinics in Ciudad Jardin, Monseñor Lezcano, and Chinandega, as well as at the central office including implementation of the Agency Readiness Index, part of IPPF/WHO's toolkit to assess level of institutional readiness for working with sexually diverse populations. Additionally, healthcare providers administrative staff at its Chinandega clinic. PROFAMILIA/Nicaragua also conducted a follow-up training with clinical and non-clinical staff (clinic administrators and directors) at its clinics in Masaya, Ciudad Jardin, Monseñor Lezcano, Sebaco, Matagalpa, Chinandega and Rivas to provide the information and tools necessary to project participants to apply high-quality administrative and sensitization strategies.
- Costa Rica. The Program conducted training and sensitization at ADC/Costa Rica with health service providers from Asembis Aranjuez laboratory. The sessions covered general information on HIV and HIV prevention, sexual diversity and stigma and discrimination issues.
- Panama. The Program conducted training and sensitization at APLAFA/Panama with clinical and non-clinical staff from San Miguelito and La Locería clinics APLAFA/Panama also conducted a sensitization session with of its clinical and non-clinical staff from clinics in San Miguelito, Locería, Chorrera, Colón, and La Doña on topics such as providing quality care, free of stigma and discrimination, to key populations. Some sessions also included topics related to biosecurity, led by a laboratory specialist.
- Belize. The Program conducted training and sensitization at BFLA/Belize clinics, including health services providers and program directors. BFLA staff also participated in a PSI/Caribbean-PASMO BCC training held in May. BFLA participants exposed to additional innovative and interactive BCC techniques to apply when working with MARPs.

For more information, see Annex I –ROPs-APR Report FY2012, and Annex II – Trainings Summary.

## **2.2. Establish a regional stigma and discrimination working group and high-level oversight entity**

In this reporting period, the Program approached the Regional Coordinating Mechanism (RCM) at the quarterly monitoring and evaluation forum and general assembly meeting in Panama. At this meeting, the Program presented the findings and results of its two regional studies on stigma and discrimination, and the concept of a social movement, and laid the groundwork to enable the RCM to become a high-level oversight entity on stigma and discrimination.

In FY2013, and as part of the commitment to establish the regional stigma and discrimination oversight entity, the Program will present to the RCM an update of significant advances with the regional communications initiative (social movement), as well as advances with the regional training manual for services providers on stigma and discrimination.

In Belize, a stigma and discrimination oversight committee already exists; therefore, the Program intends to work within this structure to move forward priorities in this area

### 2.3. Work with Journalists and Media Outlets

To help achieve a change in discriminatory and stigmatizing perceptions, attitudes and behaviors towards MARPs, the Program implemented in this fiscal year, a strategy to reach key journalists/media outlets in partnership with a regional Public Relations Agency, Porter Novelli CAC. As part of this strategy, the following activities were implemented:

National level workshops with Tier 2 journalists. During this fiscal year, the Program hired an international expert on journalism, stigma and discrimination, to conduct two national-level workshops with Tier 2 journalists (field reporters and writers).

- *Guatemala.* The first workshop was held in Guatemala on June 22<sup>nd</sup> and June 23<sup>rd</sup> designed for journalists and reporters to sensitize them in topics related to stigma and discrimination. A total of 17 reporters, and one editor, representing TV, radio and print media from Guatemala City and Quetzaltenango, participated in a mix of learning sessions and practical exercises on stigma and discrimination-free reporting. Also, on Friday, a representative from the Presidential Commission against Discrimination and Racism participated in the workshop.
- *El Salvador.* On July 13<sup>th</sup> and July 14<sup>th</sup>, the Program worked with the Ministry of Health (MoH) in El Salvador to carry out a two-day sensitization workshop with journalists on the topic of stigma and discrimination. A total of 17 Salvadoran reporters and persons specializing in communication, participated in a series of informative and interactive sessions designed specifically to help journalists report on HIV and related topics in a non-discriminatory manner.
- *Nicaragua.* On Thursday May 31<sup>st</sup>, the Program held a sensitization workshop with journalists on stigma and discrimination related to HIV. Fifteen journalists representing five television stations, four radio stations, two newspapers, and two magazines participated in the workshop where they were first presented with the key findings from two regional studies on stigma and discrimination conducted under the Program in 2011. Subsequently, interactive sessions were held to generate discussion and awareness on how stigma and discrimination affects persons most vulnerable to HIV or living with HIV, how societies can benefit from greater tolerance and respect towards all people, and the role of media in this effort.



Face-to-face outreach with Tier 1 Journalists. During the reporting period, the Program conducted outreach meetings with Tier 1 journalists (media directors and editors).

- *Guatemala.* The Program met with directors and editors of the main television, radio and print media as follows: Luis Felipe Valenzuela, Director of Emisoras Unidas; Fernando Villanueva, Vice-president of Canales 3 y 7; Director of Health Section, Siglo XXI, Chief Editor of el Periodico; Director of Health, Prensa Libre. As a result of these outreach meetings, the Program was requested to conduct short sensitization workshops with small groups and teams of reporters and writers. Subsequently, HIV testing and counseling services for the media outlet will be coordinated and carried out in FY2013, as part of the strategy

- *El Salvador.* The Program met with directors and editors of the main television, radio and print media as follows: Director of Canal 8; Director of Canal 12; Directors of Radio Corporación FM (YXY, Scan, Astral, Exa, Full FM). As a result of these outreach meetings, the Program was allowed a total of six interviews to discuss topics related to stigma and discrimination, as well as the ¿Tienes? Pídelo and Masculinities campaigns.
- *Nicaragua.* In this fiscal year, the Program worked independently and identified a group of key contacts within media to approach with face-to-face meetings.
- *Costa Rica.* In this fiscal year, the Program conducted outreach meetings with the following media outlets, Canal 9, La Teja, Grupo La Nación, Voces Amigas, specifically in relation to the social movement “Generación Cero” to reduce stigma and discrimination towards MARPs. Follow-up activities, such as short sensitization sessions are planned for FY2013.
- *Panama.* The Program conducted outreach with Tier 1 journalists at the following media outlets: Chief Editor of Diario el Siglo; the Director of Radio KW Contiente; and the Editor of Radio Panama. One of the results of this outreach was the implementation of a short sensitization session with Diario el Siglo where 8 journalists participated.

*Other anti-stigma and discrimination efforts*

- International Day against Homophobia and Transphobia and Gay Pride events. On May 17<sup>th</sup>, the International Day against Homophobia and Transphobia, and in late June for Gay Pride events, the Program participated in diverse national level activities and initiatives. In Guatemala, Porter Novelli CAC worked with the Program to coordinate an interview with Canal TN23 on the topic of homophobia, stigma and discrimination. Additionally, the regional Program provided support to a campaign developed by PSI Mexico entitled “Morado vs Homofobia” and communicated the campaign through regional social media channels.
- Candlelight Vigil. Likewise, the Program provided support and participated in national level events throughout the region. Additionally, on Saturday May 12<sup>th</sup>, the Program in Belize collaborated with C-NET+, a local NGO, to celebrate the 1<sup>st</sup> Annual Solidarity Day with Persons Living with HIV. The event was held at the offices of PASMO Belize and was attended by 80 persons including media, key national response partners, persons living with HIV their family and friends. Key partners in attendance included: Claret Care, UNDP, Youth for the Future, UNAIDS, Belize Red Cross, USAID Capacity Project, UNFPA, BFLA, and CDC Behavioral Surveillance Survey staff. The event included speeches on topics such HIV and how it affects women, youth and vulnerable populations in Belize, as well as stigma and discrimination. The agenda was rounded off with a “letters to heaven” activity as well as a candle light vigil.



**Component 3: Expanding access and use of prevention services, in particular those provided by private sector** by improving the distribution of condoms and lubricants, availability and access to VCT and STI diagnosis and treatment, and referrals for PLHA requiring care and support services

**Result 3:** Increased access by MARPs to a minimum package of essential prevention and health services, emphasizing in the involvement of private health providers.

### **3.1 Improving condom and lubricant distribution.**

During the 2012 fiscal year, the Program carried out a series of activities to help improve the distribution of condoms and lubricants, particularly in high-risk zones. Local country platforms implemented “sweeping the zone activities” through tactical HIV prevention teams, which included the opening new non-traditional condom outlets and updating the mapping of local high-risk zones for segmentation and targeted initiatives. A total of **214** new non-traditional outlets and **228** high-risk outlets were opened in this year.

The Program also continued to implement its sales strategy aligned with the sweeping the zone activities and the ¿Tienes? Pídelo campaign. The high-risk zone sales strategy, entitled ¿Tienes? Pídelo Plus is designed to increase access and availability of condoms and lubricants to MARPs in high-risk zones; the strategy includes below-the-line (BTL) and targeted efforts to approach new distributors. In countries such as El Salvador, a new condom distributor was recruited, Arrocería San Francisco, one of the largest distributors in the country, and trained by PSI/PASMO. In Belize, the Program also recruited a new distributor, Musa, to support efforts in increasing condom availability in HRZ. In Nicaragua, in September, the Program carried out a series of BTL activities to promote the condom use campaign and open new condom outlets, specifically in the non-traditional channel (Mom & Pops). The Program disseminated campaign messages, print material and promotional items at public events and public spaces. As a result of these activities, nine new outlets are now selling condoms.

As part of efforts to incorporate research findings in the strategy, the Program also integrated the DDM workshops to discuss MAP 2011 findings to address topics related to condom and lubricant availability in high-risk zones. Regional and local researchers and marketers (sales and BCC) reviewed the MAP 2011 findings and sought to adapt the regional high-risk zone sales strategy to adapt it to local contexts and budgets. In order to improve the monitoring and tracking of sales in high-risk zones and the opening of new non-traditional outlets, for FY2013, the Program plans on assessing a new MIS that will track this data.

Also, in September, the Program organized and held a regional workshop on condom distribution and total market approach held in El Salvador. The two-day workshop included the participation of PSI/PASMO non-traditional outlet sales agents and other regional sales staff. The Program analyzed results of its current ¿Tienes? Pídelo campaign as well as relevant research, and assessed coordination efforts, achievements and challenges related to the work of the HIV tactical prevention teams.

### National Condom Strategy

In June, the Program was invited by the United Nations Population Fund (UNFPA) to participate in a three-day coordination meeting in Panama to help promote the completion of national condom policies in the region. PSI/PASMO facilitated a session on the social marketing of condoms, growing the total market, and integrating these policies with efforts such as combination prevention for HIV. Representatives from UNFPA, USAID, and Ministries of Health from the region participated in this meeting.

As a result, UNFPA agreed to continue to work closely with PASMO, local Ministries of Health and other partners to encourage the completion of national condom policies or strategies that are integrated with the national AIDS response in each country. As a result of this effort, several actions were carried out in each country, as follows:

- In Guatemala, local teams met with local UNFPA representatives, the National AIDS Program and the Global Fund primary recipient. In this meeting, the Program shared the specific tools that are needed to update the universe of need calculations, and an agenda to advance the strategy, as well as an operation plan were planned.
- In El Salvador, the Program organized a workshop to present, discuss and analyze the results of the El Salvador Measuring Access and Performance (MAP) 2011 study. A total of 18 representatives from private sector distributors, NGOs and civil society, UNAIDS, Ministry of Health (MoH), and USAID participated in the activity, and used the results to discuss actions that could help move forward in the completion and approval of a National Condom Strategy for El Salvador.
- In Nicaragua, the Program participated in the first meeting of the year with the DAIA Committee. In this meeting, PSI/PASMO and other partners agreed to create a small-scale committee that will evaluate different distribution scenarios for contraceptives, including condoms. The committee is conformed by the MoH, Deliver/USAID, PASMO and UNFPA. During the year, the Program continued to coordinate its actions with the local DAIA Committee, now DAISSR Committee. In a follow-up meeting, the Program shared the results of the 2011 MAP study, and the group decided to form a small committee specifically to map condom distribution and update the estimated universe of need.
- In Costa Rica, the Program worked with CONASIDA to review and analyze available research with the purpose of initiating a condom policy development process for the country.
- In Panama, the Program worked with the National AIDS Program to reactivate the process and update and complete the National Condom Strategy.
- In Belize, the Program engaged the National AIDS Commission, UNDP and UNFPA to review the status of the National Condom Strategy process. CY2012 is the last year that the Global Fund will provide condoms for free distribution, placing increased stress on the MoH and other organizations on determining how to best continue with condom availability. In FY2013, the Program will continue to provide support, research, and follow-up to the process.

### **3.2. Improving access to MARP-friendly services.**

#### Private sector engagement

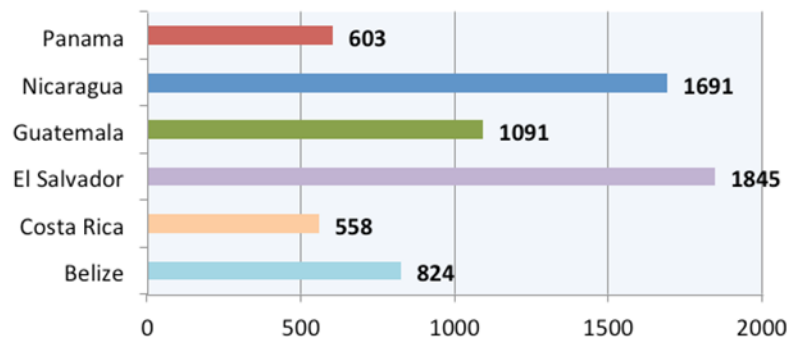
Throughout FY2012, the Program continued to implement tactics and activities to engage the private sector in the provision of MARP-friendly services, as part of its regional strategy. New private sector labs were included as part of the Program's biomedical component and minimum package, in addition to IPPF clinics where they exist. For more information, see Annex IV – Regional Summary of all Minimum Package Partners and Stakeholders. For example,

- In Guatemala, the Program recruited and began to work with locally based private laboratories in Escuintla, Puerto San José, Mazatenango, and Guatemala City to provide MARP-friendly services, particularly in sweeping the zone activities.
- In El Salvador, the Program met with the representatives of the board of directors of the Association of Private Laboratories and the Ministry of Health. At this meeting, a database of around 200 private labs was shared with the Program to contact and begin a training and sensitization process. By the end of FY2012, the Program had sensitized and worked with 169 private labs. The Program also presented the study design for the Mystery Client survey.
- In Nicaragua, public and state-provided HIV related services are highly developed and accessible; therefore, the Program is implementing a strategy to work with NGO laboratories, such as CEPRESI, and IPPF/Profamilia clinics.
- In Costa Rica, the Program worked closely throughout the year with a network of private laboratories, ASEMBIS, and the Social Security Institute of Costa Rica's STI Control and Prevention Health Center.
- In Panama, the Program worked closely with the PROBIDSIDA laboratory and five laboratories of Clínicas de Sedas to expand access to MARP-friendly services provided through private sector labs.
- In Belize, the Program has focused its efforts in building the capacity of IPPF/BFLA to provide services. In coordination with The Capacity Project, the Program is exploring the possibility of reaching out to private clinics.

#### Strengthening the referral system with IPPF MAs

IPPF/WHR Member Associations (MAs) continued to expand access to an essential package of services for most-at-risk populations (MARPs) throughout FY2012. The number of individuals who received VCT services and their test results in the region, increased from 1,760 in the third quarter to 2,387 in Q4. The graph below shows trends in VCT service provision by country. ADC/Costa Rica, BFLA/Belize and APROFAM/Guatemala achieved the biggest increases in VCT service provision – at least doubling their service volume from Q3 to Q4. In total in FY2012, 6,612 individuals received VCT services at IPPF/WHR MA clinics or joint outreach activities with PASMO. It is important to mention that in Q2, the IPPF MA in Belize, BFLA, experienced financial difficulty and two clinics were closed in this reporting period, one in Belmopán and another in Punta Gorda. However, the Program continued close collaboration and communication in order for referrals to continue to be effective.

**Graph 2: Total number of clients who received VCT services and their test results, IPPF/WHR MAs (FY2012)**



In addition, IPPF/WHR MAs also provided the following services during the fiscal year:

- Syphilis diagnostic tests
- STI consultations
- Family planning counseling sessions
- Pap smears

### 3.3. Conducting Mobile VCT

In order to increase access to VCT/STI services among MARPs, the Program continued to implement a mobile VCT approach that includes referrals for STI diagnosis and treatment. The following results are detailed for the region:

**Table 4: VCT Activities FY 2012**

Target Groups	Guatemala			El Salvador			Nicaragua			Costa Rica			Panama			Belize			TOTAL		
	VCT																				
	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev	Tests	+	Prev
MSM	721	21	2.9%	471	7	1.5%	527	3	0.6%	56	6	10.7%	373	36	9.7%	75	1	1.3%	2,223	74	3.3%
FSW	1,370	15	1.1%	2,712	20	0.7%	1,234	4	0.3%	119	4	3.4%	964	10	1.0%	141	0	0.0%	6,540	53	0.8%
Males at Risk	3,247	17	0.5%	1,862	7	0.4%	1,486	4	0.3%	337	3	0.9%	1,678	6	0.4%	424	0	0.0%	9,034	37	0.4%
Trans	81	8	9.9%	97	4	4.1%	77	0	0.0%	34	3	8.8%	24	5	20.8%	N/A	N/A	N/A	313	20	6.4%
Caribbean Pop	112	1	0.9%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	73	1	1.4%	276	1	0.4%	461	3	0.7%
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	34	0	0.0%	N/A	N/A	N/A	N/A	N/A	N/A	34	0	0.0%
TOTAL...	5,531	62	1.1%	5,142	38	0.7%	3,324	11	0.3%	580	16	2.8%	3,112	58	1.9%	916	2	0.2%	18,571	187	1.0%
GOAL	6,000			4,500			6,000			600			3,000			2,400			22,500		
% Achieved	92%			114%			55%			97%			104%			38%			83%		

In general, prevalence rates reflect regional tendencies such as higher rates among MSM and transgendered populations. All countries have improved their VCT results despite challenges in some local settings. For example, in Costa Rica, the Program faced the challenge of delay in receiving the result of tests conducted by the Social Security Institute STI Control and Prevention Clinic.



In most countries, the Program also faced the challenge of reaching transgendered and MSM populations with VCT services, including referrals to IPPF/MA clinics. To address this ongoing challenge, the Program began to assess and develop strategies to accompany MARPs, including transgendered individuals to VCT services. The Mystery Client survey that began in Q4 will also shed additional light on barriers to services provision for these populations. For more information on VCT results, see Annex I –ROPs-APR Report FY2012.

#### Coordination National HIV Testing Day in Belize and El Salvador

In June, the Program worked with the Ministry of Health (MoH) in El Salvador to coordinate the National HIV Testing Day. PASMO provided free HIV testing and counseling services at three locations in the country: San Salvador, Santa Tecla and San Miguel. MoH data indicates that more than 90,000 tests were provided nationwide during the day of which approximately 200 tests returned positive and 120 inconclusive. PASMO also set up computers and print/audiovisual material to promote the [www.yahoraque.info](http://www.yahoraque.info) website.



Also in June, Program helped generate demand for testing and counseling services provided during the Regional HIV Testing Day in Belize. The National AIDS Commission, Ministry of Health, Belize Chambers of Commerce, Caribbean Broadcasting Community and Scotia Bank coordinated four HIV Testing sites in Belize to simultaneously reflect similar initiative of other countries in the Caribbean region. PASMO Belize was invited to participate in this initiative and was present at three sites in Belize City, San Ignacio town and Orange Walk town with satellite tables to assist in mobilizing at-risk individuals for testing and counseling services. Though the Ministry of Health has not yet provided the final tally of tests provided on that day, PASMO Belize was able to mobilize a total of 192 males for HIV testing; additionally, outreach teams promoted the [www.andwhatnow.info](http://www.andwhatnow.info) website.

#### Purchase of rapid tests

During the 2012 fiscal year, the Program purchased rapid tests based on current stocks and inventories. These rapid test tests were purchased according to local guidelines and regulations for the provision of HIV testing and complied with USAID environmental regulations for the disposal of medical waste. In this reporting period, the Program experienced specific challenges related to a field advisory on PEPFAR's recall of SD Bioline HIV rapid test kits. These Bioline tests had been purchased locally by the Program in Panama and entered in quarantine. By the end of FY2012, the Program purchased new tests under a different and USAID-approved brand while the Bioline tests remained in quarantine awaiting instructions for disposal; this affected VCT results for Panama in the first and second quarter.

**Cross-Cutting Component 4: Strategic Information**, generating data and information to monitor the progress of the program and to re orient the activities implemented.

**Result 4:** Strategic information obtained through research and monitoring process, being used to design or modify prevention activities.

#### **4.1. Research, Monitoring and Evaluation**

##### Special Study on Masculinities and women's perspective

In order to help develop the follow-on of the masculinity campaign known as “Hombres de Verdad”, with more egalitarian norms, the Program completed the study design, fieldwork, report and dissemination for the special study on masculinities and women's perspectives that was designed to collect qualitative data on masculinities by interviewing women on their own self concepts, views on masculinities, perceptions and preferences in relationships. The study methodology consisted in a series of mini-groups (modified version of traditional focus groups) with women in Guatemala, El Salvador, Nicaragua, Costa Rica, Panama and Belize; these groups were led by a moderator who used a guide to generate discussion. A total of 30 mini-groups were held in the region, completing the fieldwork process.

The study objectives included:

- To test and validate the new men's profiles, to find out if women see the same emerging "masculinities" or if their views could help refine or revise the categories.
- To find out how women relate to the different "masculinities" -- what they like about them and what they expect from them re. safe behaviors,
- To find out how women respond to men's attempts at safe behavior, and finally
- To explore women's reactions to male homosexuality as an initial foray into research on barriers to considering homosexual men as *hombres de verdad*. This was to test the assumption that women are less homophobic than men and to give insights and direction into possible future research on homophobia among men.

Additionally, the Program validated the new masculinity campaign elements including storyboards, radio spots, and print material. The final study reports were submitted in Q3 FY2012.

##### Impact Study “Viviendo la Vida” Methodology

During this reporting period, the Program completed the study design, received IRB approval, and completed the fieldwork for the impact study designed evaluate the effectiveness of PASMO's BCC methodology for MSM known as “Viviendo la Vida”. The Program also completed the final report for the study (see Annex VI – Impact Study – “Viviendo la Vida”). The recruitment of MSM in El Salvador, Nicaragua and Panama, who had not already been reached by some sort of HIV prevention intervention, proved to be a challenge, as well as reaching hidden MSM groups, such as non-assumed MSM and bisexual men; however, the Program managed to proceed with the phases of the study including in-depth interviews. Some of the findings included increased condom use at last sex act with a man.

Also, men who participated in the methodology were more likely to carry a condom with them, a key determinant related to the availability of condoms. For more information, See Annex VI – Impact Study “Viviendo la Vida”.

#### Impact Study - Best Practices Review of “Sweeping the Zone”

During FY2012, the Program had planned to conduct an impact study to evaluate the effectiveness of combination prevention activities. With prior USAID approval, this study was postponed to FY2013 and FY2014 to be conducted by external researchers and on a wider scale. Instead, during this reporting period, the Program conducted a Best Practices Review of the “sweeping the zone” activities conducted by HIV tactical prevention teams. Some of the best practices highlighted by this review are: “sweeping the zone” activities are designed based on the needs of the target populations and not the Program’s needs; target group and community leaders are engaged and participate in the process; the activity reaches populations that generally do not seek out services at establishments and other fixed sites; the activity also addresses complementary factors that affect target populations; and, the activity strengthens current alliances, partnerships and coordination efforts, among others. For more information, See Annex VII – “Sweeping the Zone” Best Practices Review.

#### MAP 2012

During FY2012, the Program had planned to conduct a new round of the Measuring Access and Performance (MAP) study designed to assess the availability and access to condoms and lubricants in high-risk zones using a Lot Quality Assurance (LQAS) methodology. With prior USAID approval, MAP2012 was postponed for FY2013 due to the increased cost of the study.

#### TRaC Surveys

In FY2012, the Program completed the study designs for a new round of TRaC surveys with FSW and MSM, as well as the study designs for the two regional TRaCs with people living with HIV/AIDS and men at-risk. These study designs include the collection of the UIC as part of its survey and the data will be cross-referenced with the Program’s MIS data. During this reporting period, the Program also completed the bidding and procurement process for the selection of a research agency; however, the economic proposals from the research agencies were higher than expected and the Program evaluated and implemented several options including negotiations with the agencies to reduce costs, negotiation with USAID for funding for research, and program savings in other areas to make these surveys possible. By Q3, the Program decided to move forward with the TRaC surveys and in parallel form, the Program reviewed the survey questionnaires and included new sections on gender-based violence, and stigma and discrimination, among others; USAID approved the final questionnaires. By Q4, the Program received approval from PSI’s Internal Review Board (IRB). USAID requested that local authorities also provide consent for the implementation of the TRaC studies. In El Salvador, Nicaragua and Panama, local authorities provided consent. In Guatemala local authorities requested additional local IRB review which was received in Q4. In Costa Rica, local authorities referred to a private IRB, given the lack of a local IRB, and approval is expected for Q1 FY2013.

Given that fieldwork for TRaC must be conducted at a regional level and at the same time, overall fieldwork was postponed for Q1 FY2013. In Belize, the TRaC studies are planned for FY2013 and local IRB approval is in process.

#### Mystery Client Survey

In this reporting period, the Program completed the development of the study design for the Mystery Client Survey, designed to: 1) Assess the quality of service provision to MARPs by IPPF and private-sector healthcare providers in all program countries; 2) Compare the quality of services provided to MARPs to the quality of services provided to the general population by private-sector and IPPC healthcare providers in the countries of interest, and 3) Identify areas for improvement in service provision to MARPs at participating facilities and provide recommendations. The Program plans to use this study, and its annual implementation, as a way to identify gaps and improve service provision for these populations at participating facilities over time.

In Q1, the study design and accompanying instruments were submitted to the PSI Institutional Review Board (IRB) for ethical review and approval was received. The Program continued groundwork to prepare for the launch of the evaluation. This included: 1) translating the study protocol and all data collection instruments to Spanish, 2) creating electronic versions of the questionnaires (to be available online), 3) presenting the study design to the Ministry of Health in each country for approval, 4) soliciting the approval of facility managers to have their clinic/laboratory participate in the evaluation, and 5) recruiting local study coordinators. Fieldwork was delayed as USAID requested that local authorities also provide consent for the implementation of the study. In El Salvador, Nicaragua and Panama, local authorities provided consent. In Guatemala local authorities requested additional local IRB review which was received in Q4. In Costa Rica, local authorities referred to a private IRB, given the lack of a local IRB, and approval is expected for Q1 FY2013.

## **4.2. Strategic Information**

### DDM and Research Dissemination Strategy

Throughout the fiscal year, the Program implemented its three-step, regional dissemination strategy which includes: 1) Internal Dashboard to Decision Making (DDM) exercises, 2) National DDM workshops with NGOs, partners and stakeholders, and 3) public Research Dissemination Events.

#### *MAP 2011*

In FY2012, PSI/PASMO organized and held internal DDM workshops, as well as national DDM workshops with NGOs, partners and stakeholders, to analyze MAP 2011 data in all Program countries. The national workshops included the participation of local donor representatives, private distributors, NGOs, and MoH/National AIDS Program representatives.



### *Stigma and Discrimination*

Guatemala, El Salvador, Nicaragua and Costa Rica held dissemination workshops with key partners such as Ministry of Health / National AIDS Program, USAID partners in health, civil society and NGOs, international cooperation agencies, and other stakeholders to present the results the regional diagnosis and a qualitative study on stigma and discrimination. Those who assisted the events participated in interactive sessions to sensitize and generate a more in depth discussion on stigma and discrimination. A product of these workshops was the local technical working groups formed in each country. This dissemination was conducted in Panama with the RCM and in Belize the dissemination was conducted in the First Annual Stigma and Discrimination Conference in Q4.

### *Drug use and risk of HIV study in Guatemala and other studies*

Additionally, and with the support of other USAID funds and USAID/Measure, PSI/PASMO in Guatemala held a dissemination event for both a qualitative and quantitative study on drug use and risk for HIV. This dissemination event included the participation of stakeholders in HIV prevention, as well as key partners in alcohol and drug abuse and prevention in the country. This study was also shared with the Guatemala “Grupo Temático Ampliado” (GTA).

Also in this period, the Program in El Salvador disseminated a study on the provision of health-care services to PLHA, a study conducted with bilateral funds, during a CCM plenary session.

The Program participated in the dissemination of a PSI/Caribbean Study, conducted in Belize, entitled “HIV/AIDS study evaluating condom use among sexually active males 25-49 years with three or more sexual partners in the last 12 months”, Round 1.

In this reporting period, the Program also participated in research dissemination activities and events organized by USAID partner in health, PASCA. Two-day research dissemination forums were held in all Program countries, where the Program was invited to present recent research findings including MAP 2011, stigma and discrimination qualitative study, among others.

### New Dissemination Channels

During this reporting period, the Program launched a new dissemination channel for strategic information using electronic media. Specifically, the Program launched a monthly e-bulletin that is sent to key external contacts, including information on the advances with the Combination Prevention Program, among others.

### Inter-institutional coordination

During FY2012, the Program conducted extensive and ongoing coordination efforts, not only with MOH, partner NGOs, Program partners, public and private sector partners, but also with other USG agencies and USAID partners in health; for example:

*US Government (USG) Agencies and USAID partners in health.* USAID partners' meetings were held in most Program countries in this period to coordinate efforts, in addition to other one-on-one meetings among partners throughout the period and across the region.

- In all countries, the Program coordinated all of its activities with local MOH representatives, including VCT, private sector laboratories strategy, research approvals and disseminations, among others.
- During this fiscal year, PEPFAR held local and regional evaluation meetings to assess advances with the Partnership Framework goals and indicators. The Program participated in both, local and regional meetings and shared results to date.
- In June, the Program was invited by the USAID Bureau for Latin America and the Caribbean (LAC) to present the objectives, activities and results of the Combination Prevention Program for HIV in Central America. Approximately 15 members of the LAC Bureau, including the office director, participated in the session and presented questions and comments on the Program and how combination prevention is being implemented in the Central American region.
- In all countries, the Program participated in the PASCA launch of a violence study and in national research dissemination workshops.
- At a regional level, the Program met with the Capacity Project and PASCA to coordinate efforts related to training and local capacity to NGOs, as well as anti-stigma & discrimination efforts.
- In Belize, the Program collaborated with the CDC in support of a behavioral quantitative study by helping with the recruitment of FSW in the Belize City district for the study.
- In Nicaragua and during the month of March, the Program delivered 800 HIV tests to the clinics "CIPRESI" and "Vicits" (CDC). These clinics are part of the health services references that provide VCT services to vulnerable populations. Dr. Luz Maria Romero (Coordinator of the "VICITs clinic") expressed her willingness to maintain the partnership to strengthen efforts made by the Program.
- Additionally, the Program in Nicaragua completed and signed the terms of reference that formally established a working relationship with Peace Corps. Peace Corps volunteers already participate in PSI/PASMO trainings in Nicaragua and implement behavior change methodologies for HIV prevention and combination prevention with most at-risk groups. Globally, PSI and Peace Corps have signed a MOU.
- In Panama, the Program began to coordinate and conduct referrals to Tephinet/CDC Vicits clinics for the provision of biomedical services.
- In Guatemala, the program teamed up with the Peace Corps to organize a workshop for support group facilitators at comprehensive care clinics attending persons living with HIV in Quetzaltenango, Sololá, San Marcos, and Huehuetenango. At this workshop, participants were presented with the ¿Y Ahora Qué? Website ([www.yahoraque.info](http://www.yahoraque.info)).

*Country Coordinating Mechanisms (CCMs) and Regional Coordinating Mechanism (RCM).*

- In addition to follow-up with the RCM on the topic of stigma and discrimination, at a local level, the CCM in Guatemala held a general assembly where the new Executive Director was elected for the 2012 period, and PSI/PASMO was selected for this position, and was actively involved in Global Fund visits.

- The CCM in El Salvador invited the Program to participate in a meeting to present the results of recent research on health care services provided to PLHA.
- In Belize, the Program Country Manager currently serves as Vice-Chair on the CCM Monitoring and Evaluation Committee, and it is part of a small working group planning a National HIV Conference scheduled for early 2013.
- In Nicaragua and El Salvador the Program continues to be an active participant in local CCMs. Specifically in Nicaragua, the Program was invited to form part of the CCM Monitoring & Evaluation Committee to review GF indicators and develop shared strategies to improve results.
- In Panama, the Program was invited by the CCM to participate as an observer during the assemblies.

*Other donors and programs.* The Program continued to coordinate its activities and interventions with other donor projects and programs, such as the USAID bilateral Program in El Salvador, and the USAID bilateral programs in Nicaragua.

- In Belize, the Program worked with the International Red Cross to collaborate on the production of IEC materials.
- In Belize, the Program worked with UNDP to plan and implement a “know your status campaign”. Additionally, as Belize enters the planning process for Global Fund Round 9 Phase II, there is an increased interest in monitoring condom distribution and developing a sustainable strategy, since this is the last year GF will distribute free condoms, leaving a significant void at the national level. PASMO Belize is being looked towards to potentially take greater leadership in this area for the coming years.
- The Program worked with the principal recipient of Global Fund in Guatemala, HIVOS, for the pilot of the unique identifier code (UIC) system, which was completed and analyzed by the end of fiscal year. Also, the Program presented advances and results of the UIC system to Guatemala’s GTA group (Grupo Temático Ampliado), where government, civil society, cooperation and UN agencies, work together in the national HIV response.
- In El Salvador, the Program coordinated with the MOH to access the board of Directors of the Association of Private Laboratories, which allowed the program to engage the private sector more effectively in the national response.
- Also, the NGO in El Salvador, ASPIDH, was featured in a UNAIDS case study on their successful interventions with transgendered populations. The case study centered on a behavior change communication methodology developed by PASMO for men who have sex with men, and that was adapted by ASPIDH Arcoiris for transgendered populations with PASMO’s technical assistance. Subsequently, ASPIDH Arcoiris was awarded with funds from the American Foundation for AIDS Research (amfAR). This is a result of a longstanding effort by PASMO to build the capacity and strengthen local NGOs through training and technical assistance to allow them to bid on funding, plan strategically, and improve interventions targeting populations most vulnerable to HIV in El Salvador and the region.
- In Nicaragua, the Program was invited to support the GF in the development of communication strategies to reach MARPs, given the Program’s expertise in BCC.

- In Costa Rica, the Program worked with REDCA and participated in trainings on the development of BCC methodologies for PLHA. This coordination has opened the door for regional conversations to collaborate on the development of materials and avoid duplication. At a regional level, the Program has also conducted coordination with REDCA for future materials and methodologies as well as to develop strategies to reach PLHA outside the clinical setting.

*Regional and local coordinating entities.* During the fiscal year, the Program continued to participate actively in regional and local coordinating working groups and entities such as the Sexual Violence and Human Trafficking Working Group in Guatemala, the newly formed Gender Identity Law Working Group also in Guatemala. Also, the Program continued to participate actively in regional and local coordinating working groups and entities such as the local technical working groups on Stigma & Discrimination, and the regional and local UNFPA National Condom Strategy Working Groups.

#### XIX World AIDS Conference

In FY2012, the Program submitted several abstracts for the 2012 World AIDS Conference to be held in Washington DC in July. A total of 6 abstracts submitted by the Program, two from Mexico and 4 from Central America were accepted in oral and poster format. The abstracts included quantitative research on condom availability in high-risk zones and behavior surveys and qualitative research on masculinities, gender and HIV. The approved abstracts are as follows:

- Analysis of male condom availability and quality of coverage in high-risk areas for HIV transmission in El Salvador
- Analysis of youth behaviors (15-24 years) surrounding unplanned pregnancies and HIV risk in El Salvador
- Effectiveness of interpersonal communications (IPC) on reducing HIV risk among men who have sex with men (MSM) in 5 countries in Central America: Guatemala, El Salvador, Honduras, Nicaragua, and Panama
- Las Mujeres y los Hombres de Verdad - What Women Think is a "Real Men" in Six Countries of Central America
- Promoting HIV Testing Among Men who have Sex with Men in Mexico: Struggling with Stigma and Misconceptions
- Barriers and Facilitators for HIV Testing and Antiretroviral Therapy Adherence among Female Transgender Sex Workers in Mexico City

#### CONCASIDA 2012

The Central American Conference on HIV/AIDS, CONCASIDA, was postponed for FY2013.



## **5. Other Cross Cutting Issues**

### Gender

During this reporting period, the Program continued to conduct its combination prevention interventions, based on a minimum package designed to consider gender-related issues, such as reproductive health and violence. For example, the Program managed to successfully incorporate the Comisaría de la Mujer into the Program in Nicaragua, particularly for complimentary services such as reporting gender-based violence, and there is at least one or two organizations working with the program under the complimentary component of the minimum package to provide support services in areas such as gender – based violence and in areas specific to women’s health and services.

The Program also developed and won a PEPFAR Gender Challenge Fund proposal to complement ongoing USG programs working with a governmental body in Guatemala dedicated to preventing and responding to sexual exploitation specifically for MARPs populations, and share these lessons in other countries in the region.

Finally, the Program continues to participate in the Sexual Violence and Human Trafficking Commission in Guatemala, implementing the approved operational plan. During this period, the legal context analysis was completed, as well the consultancy to identify the active key players for reporting violence; this information will help develop the critical steps for reporting gender-based violence cases. Also, the Commission began a process of consultation with MARPs, as well as police, prosecutors and other enforcers, to understand their interpretation of the legal framework.

Additionally, there have been other concrete efforts. For example, in Q3, the Program met with the Salvadoran Institute for the Development of Women (ISDEMU – Instituto Salvadoreño para el Desarrollo de la Mujer) in Santa Ana, El Salvador. The purpose of the meeting was to present the Combination Prevention Program and forge a working alliance where PASMO will be able to refer women, such as female sex workers, to services at the ISDEMU including legal support for cases of gender-based violence and stigma and discrimination.

In El Salvador, PASMO signed a letter of understanding with the Ministry of Education (MoE) to work together through the year 2014. The agreement will allow the Program to work at 25 schools on topics related to gender equality, HIV prevention, reduction of gender-based violence, human rights and stigma and discrimination.

In Nicaragua, the Program worked with a Peace Corps volunteer to carry out an assessment of gender and violence content in BCC activities. As a result of this assessment, the Program facilitated a series of training sessions with specific topics on gender, particularly when working with FSW and transgendered populations.

#### USAID rules and regulations workshop

In August, the Program participated in a three-day workshop led by *InsideNGO* specifically on the management of USAID grants and cooperative agreements. Both programmatic, administrative-financial staff representing each Program country participated in the workshop which covered topics such as Types of USAID Awards; The Award Process (Pre-Award, Post-Award, Closeout); Detailed Review of USAID's Administrative Rule (22CFR226); Standard Award Provisions for U.S Based and Non-US Based Organizations; Policies on Source, Origin and Nationality of USAID-Financed Goods and Services; Policies and Procedures for Subawarding Funds; among others. A key output of the workshop was strengthened regional and local capacity of Program platforms to adequately manage the Combination Prevention Program.

#### Foundations of Leadership Training

In June, the COP of the Program participated in a 3-day workshop entitled Foundations of Leadership. The learning objectives included: be a productive strategic thinker and successfully influence others to achieve desired results, strengthen communication skills to promote effective dialogue and engage in ongoing feedback, effectively delegate to, motivate and coach others, and develop and implement an application process for employing strategies and skills learned in the course into the daily platform work.

#### PSI/PASMO Human Resources Development Plan

During the 2012 fiscal year, the Program continued to implement and update, when necessary, local Human Resources Development Plans. These Plans included ongoing training and capacity building for PSI/PASMO staff that were conducted at a regional level and in each Program country.

#### Strategic Plan

In Q1, PSI/PASMO carried out an annual review of the PASMO Strategic Plan developed in FY08, and included the participation of management of each country platform. Some of the topics discussed include partnerships with the private sector, Total Market Approach guidelines, among others.

#### Combination Prevention Partner's Meeting

In August, the Program held its Third Annual Partner's Meeting in Washington DC. Regional representatives of all the implementing partners, including International Planned Parenthood Western Hemisphere Region (IPPF/WHR), Cicatelli Associates Inc., and Milk N Cookies, met over the course of three days to review Year 2 Program results, challenges and lessons learned. The partners also worked to plan activities for Year 3 (FY2013) including strategic actions to reduce risky behaviors in high-risk populations, improve access to key prevention services, addressing structural factors influencing HIV prevention, and monitoring and evaluation under a comprehensive combination prevention approach. The Program also conducted a brief review of research and information on combination prevention presented at the International AIDS Conference during the final week of July.

A key output of the meeting was the input for the FY2013 Work Plan that will guide Program activities to achieve overall results

#### Environmental Mitigation Actions

In Central America, the Program works to provide voluntary counseling and testing (VCT) services for HIV to most at-risk groups. This is the only activity that could have an environmental and health impact should medical waste (gauzes, sharps, gloves, etc.) not be properly disposed of.

Per World Health Organization (WHO) guidelines and best practices pertaining to medical waste, the Program disposes of medical waste, particularly injecting equipment, by using a high temperature waste incinerator. In situations where this is not possible the Program seeks safe and locally available alternatives. Specifically, the PSI/PASMO collaborates with IPPF and their local member associations who already have established partnerships with local companies who act in compliance with national guidelines to ensure the proper management of medical and clinical waste. IPPF currently works with medical waste management companies in the CAM region and through the accreditation process of its affiliates IPPF verifies that appropriate action is taken to reduce harmful impact on the environment. Specifically, in Belize, BFLA uses a professional company for the disposal of medical waste that works in accordance to National Guidance stipulated by the Ministry of Health, in El Salvador PSI/PASMO channels medical waste through local IPPF member association Asociación Demográfica Salvadoreña, in Guatemala each IPPF MA –APROFAM-clinic is individually certified to manage waste products, and in Nicaragua IPPF MA – Profamilia- manages medical waste products via subcontracts with public hospitals. The Program thus leverages its existing partner resources to work with professional companies, which meet local international standards for environmental safety.

Additionally, in countries, such as Belize, El Salvador and Panama where PSI/PASMO provides pre and post- test counseling and the local Ministry of Health (MoH) provides the actual testing services, the MoH complies with local standards for environmental safety. PSI/PASMO consults as to the adherence to guidelines for the proper management of medical waste in its monitoring visits to local country Programs.

## Achievements, Challenges and Lessons Learned

<u>Achievements</u>	
<p>The Program consolidated the combination approach in each country with the multiple organizations and partners:</p> <ul style="list-style-type: none"> <li>• Partner organizations motivated and actively participating in the implementation of the strategy.</li> <li>• Continued identification of new partners addressing structural factors, expanding the network of partners offering key complimentary services.</li> <li>• Coordination with biomedical services providers strengthened with IPPF affiliates, public and private sector health centers and laboratories.</li> <li>• The improved and systematized use and tracking of data and information, particularly with the unique identifier code and the Program's MIS.</li> <li>• HIV tactical team members increasingly experienced in the sweeping the zone activity methodology and use of vouchers and the referral system.</li> <li>• New team members trained in providing quality counseling during the HIV testing process.</li> <li>• Targeted populations are increasingly aware of the benefits of the combination prevention approach and the benefits of the voucher system for accessing and following-up on a greater range of services. For example, target populations increasingly visiting IPPF clinics, recognizing the quality of services; PLHA requesting biomedical services such as CD4 count and viral load.</li> <li>• Total Number of individuals reached: 55,993</li> <li>• Total Number of individuals that closed the combination prevention cycle: 3,388</li> <li>• Total Number of individuals who received VCT services: 18,605</li> <li>• Total Number of condoms distributed through social marketing techniques: 23 million</li> <li>• Total Number of high-risk outlets opened: 228 (in addition to 214 non-traditional outlets)</li> <li>• Total Number of MSM reached through on-line and social media tools: 2,472</li> <li>• Total Number of visits to the <a href="http://www.yahoraque.info">www.yahoraque.info</a> website: 10,586</li> </ul>	
<u>Challenges</u>	<u>Actions and Lessons Learned</u>
<p><b>Political.</b> New government authorities took office in Guatemala and Nicaragua.</p> <p>Police operatives in high-risk zones provoked closing of establishments and outlets.</p>	<p>The Program increased coordination to maintain communication with key personnel in government institutions.</p> <p>The Program frequently updated its mapping of high risk zones to provide adequate coverage.</p>

<b>Private Laboratories</b> Engaging private laboratories has been more difficult in some countries due to public sector dynamic (Nicaragua), local contexts (Belize).	Alternatives to increase access of MARPs to friendly services have been considered.
<b>VCT</b> VCT Results were more difficult to achieve due to other donors activities (Global Fund in Nicaragua and Belize), coordination with government institutions (slow response from Social Security in Costa Rica).	The Program increased coordination with other donors and partners to ensure coverage of biomedical services.
<b>People Living with HIV/AIDS</b> Reaching PLHA outside clinical settings was a challenge during this fiscal year.	The Program developed a new action plan to be implemented in FY21013 with PLWA in community-based settings.
<b>Roll Out of New Strategies</b> The learning curve for the roll out of new strategies in the region, such as UIC system, referral system through vouchers and online outreaches, delayed some initial results.	Accompaniment and training processes were implemented to support new initiatives.
<b>Program Staff Turnover</b> The Program experienced turnover in high-level staff in Panamá (Country Manager), Belize and Costa Rica (Country Coordinator).	The Program recruited and trained new staff. Panama is still pending.

## Summary Budget Year 2 – FY2012-2013

POPULATION SERVICES INTERNATIONAL/PASMO

REGIONAL CENTRAL AMERICA SUMMARY

Central American and Mexico HIV/AIDS Program: Combination Prevention for MARPs

### SUMMARY BUDGET YEAR 2 (OCTOBER 2011-SEPTEMBER 2012)

DESCRIPTION	Q1	Q2	Q3	Q4	TOTAL BUDGET YEAR 2	EXPENSES UNTIL SEPTEMBER 12	BURDEN RATE Q4
MARPS Activities	645.569	691.449	916.838	735.386	2.989.242	2.989.245	
Procurement	0	0	0	5.000	5.000	14.994	
Training	10.266	10.266	10.266	10.266	41.062	67.156	
Indirect Cost	63.054	63.054	63.054	63.054	252.215	197.644	
TOTAL	718.889	764.769	990.157	813.705	3.287.520	3.269.038	99%

Overall, the Program executed its complete budget for Year 2. Overall targets for activities were also reached, although there are ongoing challenges with specific targets related to PLHA reached outside clinical settings and some VCT targets.